

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074237

1. Entity Name

UNIQUE PRODUCTS INDUSTRY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT -2 AM 9:52

Principal Place of Business

9403 CROCUS COURT  
FORT MYERS FL 33912

Mailing Address

9403 CROCUS COURT  
FORT MYERS FL 33912

2. Principal Place of Business

15894 BROTHERS CT.

Suite, Apt. #, etc.

3. Mailing Address

15894 BROTHERS CT.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33912

Country

Zip

33912

Country

4. FEI Number

65-0775394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARBIENER, CHARLES F JR  
5245 BIG PINE WAY, STE. 103  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

CHARLES F. CARBIENER, JR

Street Address (P.O. Box Number is Not Acceptable)

2967-701 S. ATLANTIC AVE.

City

DAYTONA BEACH SHORES

FL

Zip Code

32118

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME LARA, GEORGE A  
STREET ADDRESS 9403 CROCUS COURT  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE S  
NAME LARA, JANA M  
STREET ADDRESS 9403 CROCUS COURT  
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
100003427511-4  
-10/17/00--01048--016  
\*\*\*\*750.00 \*\*\*\*750.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/00

Date

941-267-5588

Daytime Phone #

CR2E034 (5/00)