

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 07, 2001 8:00 am
Secretary of State**

08-07-2001 90016 013 ***155.00

DOCUMENT # P97000081785

1. Entity Name

AMERICA FLORIDA UNIQUE, INCORPORATED

Principal Place of Business

**802B ROBIN AVE.
PALM HARBOR FL 34683**

Mailing Address

**802B ROBIN AVE.
PALM HARBOR FL 34683**

2. Principal Place of Business

802B Robin Ave

3. Mailing Address

**Suite, Apt. #, etc.
PALM Harbor FL**

Suite, Apt. #, etc.

City & State

PALM Harbor

City & State

**Zip
34683**

Country

Pinellas

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELVIN, JACK L**802B ROBIN AVE.****PALM HARBOR FL 34683**

Name

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

City

FL**Zip Code
34683**

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 12, 2001 Fee 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MELVIN, JACK L			
	802B ROBIN AVE.			
	PALM HARBOR FL 34683			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	MELVIN, JANICE N			
	802B ROBIN AVE.			
	PALM HARBOR FL 34683			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0425990

1. Explain the importance of the following factors in the development of a country's economy:

Attachment
D0060655

DO NOT WRITE IN THESE SPACES

8. I, the undersigned, hereby submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: James P. Martin II 20 March 01

DATE: _____

11 OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS	
NAME	D MELVIN, JACK L 802B ROBIN AVE. PALM HARBOR FL 34683	<input type="checkbox"/> Delete	DATE	
STREET ADDRESS	D MELVIN, JANICE N 802B ROBIN AVE. PALM HARBOR FL 34683	<input type="checkbox"/> Delete	NAME	
CITY, ST, ZIP			STREET ADDRESS	
			CITY, ST, ZIP	
			DATE	

JACK L. MELVIN
JANICE N. MELVIN
802 ROBIN AVE
PALM HARBOR, FL 34683

Pay to the Order of Division of Corp

One Hundred Fifty Dollars

MACDILL
FEDERAL CREDIT UNION
Clearwater Office, Clearwater, Florida

For 000150167860010627

Date March 20-01

\$ 155.00 Dollars ☒ New Features
INCLUDES
DUPLICATE OF CARD

Valued Member Jack L. Melvin

0627
63-82912631-05

13. I hereby certify that the information supplied will not be dated on this report or supplemental report is of and Corporation or the same year. If either company changed, or on an attachment with an address, will be dated the unpermitted.

SIGNATURE: Jack L. Melvin Jack L. Melvin 03-20-01 0277-786-4242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR