

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094269

1. Entity Name

UNIQUE COLUMNS, INC.

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90057 042 \*\*\*150.00

Principal Place of Business

2121 4TH AVENUE NORTH  
LAKE WORTH FL 33461

Mailing Address

2121 4TH AVENUE NORTH  
LAKE WORTH FL 33461-3860

2. Principal Place of Business

3601 Boutwell Rd.  
Suite 135

3. Mailing Address

3601 Boutwell Rd.  
Suite 135

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33461

County

Palm Bch

Zip

33461

County

Palm Bch

6. Name and Address of Current Registered Agent

EDGEWORTH, ALEC D  
2121 4TH AVENUE NORTH  
LAKE WORTH FL 33461

3601 Boutwell Rd.  
#135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME D  
STREET ADDRESS EDGEWORTH, ALEC D  
CITY-ST-ZIP 4553 BUCIDA ROAD  
BOYNTON BEACH FL 33426

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EDGEWORTH, LORI A.  
CITY-ST-ZIP 4553 BUCIDA ROAD  
BOYNTON BEACH FL 33426

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 181 NEPTUNE DR  
CITY-ST-ZIP LANTANA FL. 33462

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 181 NEPTUNE DR  
CITY-ST-ZIP LANTANA FL 33462

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 561-585-0899

CR2000/2/00