

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092664

1. Entity Name

UNIQUE PROPERTY MANAGEMENT, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90114 006 \*\*\*150.00

Principal Place of Business

Mailing Address

872 SOUTHWEST 9TH STREET CIRCLE  
SUITE 203  
BOCA RATON FL 33486

872 SOUTHWEST 9TH STREET CIRCLE  
SUITE 203  
BOCA RATON FL 33486

2. Principal Place of Business

9110 LOMETA LN.

Suite, Apt. #, etc.

3. Mailing Address

9110 LOMETA LN.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT RICHEY, FL

Zip  
34668

Country

PASCO

City & State

PORT RICHEY, FL

Zip

34668

Country

PASCO

4. FEI Number

65-0874032

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LADA, ROLAND T  
872 SW 9TH CIR  
#203  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

GRACE A. LADA

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

9110 LOMETA LANE

City

PORT RICHEY

FL

Zip Code

34668

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

Grace A. Lada

GRACE A. LADA

4/23/2001

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
LADA, ROLAND T  
872 SOUTHWEST 9TH STREET CIRCLE  
BOCA RATON FL 33486 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVD  
LADA, GRACE A  
872 SOUTHWEST 9TH STREET CIRCLE  
BOCA RATON FL 33486 ☐ 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  
P.S.D.  
LADA, GRACE A.  
9110 LOMETA LN.  
PORT RICHEY, FL 34668 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V.M.D.  
DICKENS, DAVID  
3954 WOODROW ST.  
SARASOTA, FL 34233 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T.D.  
DICKENS, JANET L.  
3954 WOODROW ST.  
SARASOTA, FL 34233 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
JOHNSON, GLEN E.  
9110 LOMETA LN.  
PORT RICHEY, FL 34668 ☐ 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

Grace A. Lada

GRACE A. LADA

4/23/2001

727-841-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)