

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90338 044 ***150.00

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1. Entity Name

UNIQUE PROPERTY MANAGEMENT, INC.



Principal Place of Business
9110 LOMETA LANE
PORT RICHEY FL 34668

Mailing Address
9110 LOMETA LANE
PORT RICHEY FL 34668



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

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

7. Name and Address of New Registered Agent

LADA, GRACE A
9110 LOMETA LANE
PORT RICHEY FL 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Delete
NAME LADA, GRACEW A
STREET ADDRESS 9110 LOMETA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD ☐ Change ☒ Addition
NAME ROLAND LADA
STREET ADDRESS 9110 LOMETA LANE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE SVD ☒ Delete
NAME LADA, GRACE A
STREET ADDRESS 872 SOUTHWEST 9TH STREET CIRCLE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VSD ☒ Change ☐ Addition
NAME GRACE A. LADA
STREET ADDRESS 9110 LOMETA LANE
CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE VMD ☐ Delete
NAME DICKENS, DAVID
STREET ADDRESS 3954 WOODROW ST
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE TD ☐ Delete
NAME DICKENS, JANET L
STREET ADDRESS 3954 WOODROW ST
CITY-ST-ZIP SARASOTA FL 34233

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

TITLE D ☐ Delete
NAME JOHNSON, GWEN E
STREET ADDRESS 9110 LOMETA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Grace A. Lada

GRACE A. LADA

4-20-05

727-234-7114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #