# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092664

FILED

1. Entity Name

UNIQUE PROPERTY MANAGEMENT, INC.

03 MAY -1 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 9110 LOMETA LANE<br>PORT RICHEY FL 34668 | 9110 LOMETA LANE<br>PORT RICHEY FL 34668 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0874032 ☐ Applied F ☐ Not Appl

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, (GENE) A -<br>9110 LOMETA LANE<br>PORT RICHEY FL 34668<br>WRONG Spelling OF Name By the STATE. | Name: GRACE A. LADA<br>Street Address (P.O. Box Number is Not Acceptable): 9110 Lometa LN<br>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: _____ DATE: _____
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. The corporation is eligible to satisfy the intangible tax filing requirement and elects to do so. (See reverse side for info.) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Added to Fe

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSD<br>LADA, GRACE A<br>9110 LOMETA LANE<br>PORT RICHEY FL 34668 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A<br>900018454469<br>05/07/03--01071--003 **150.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>LADA, GRACE A<br>872 SOUTHWEST 9TH STREET CIRCLE<br>BOCA RATON FL 33486 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VMD<br>DICKENS, DAVID<br>3954 WOODROW ST<br>SARASOTA FL 34233 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DICKENS, JANET L<br>3954 WOODROW ST<br>SARASOTA FL 34233 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JOHNSON, GWEN E<br>9110 LOMETA LANE<br>PORT RICHEY FL 34668 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ A |

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 4-24-02 727-841-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Grace A. Lada Gene A Lada 4/24/02