

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 031 ***150.00

DOCUMENT # P99000005395

1. Entity Name

UNIQUE THREE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2242 FOWLER ST.

Suite, Apt. #, etc.

3. Mailing Address

1500 COLONIAL BLVD.

Suite, Apt. #, etc.

103

DO NOT WRITE IN THIS SPACE

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0910173

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JOHN P. MILLIGAN, JR.

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

1500 COLONIAL BLVD, STE 103

City

FT. MYERS

FL

Zip Code

33907

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$64.25

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 D
NAME MERZA, MICHAEL
STREET ADDRESS 2456 N. WESTWOOD DR.
CITY- ST- ZIP N. FT. MYERS 33917

TITLE
NAME
STREET ADDRESS 2307 UNITY ST
CITY- ST- ZIP FT. MYERS, FL 33901

Change

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL MERZA,
PRESIDENT

4/30/02

Date

Daytime Phone #

CR2E034B (12/01)