## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am 
Secretary of State

DOCUMENT # P9900005395  1. Entity Name UNIQUE THREE, INC.					Secretary of State 05-05-2003 91411 002 ***150.00	
Principal Plac 2242 FOWLER FT. MYERS FI			Mailing Address 1500 COLONIAL BLVD. STF 103 FT. MYERS FL-98997			
2. Principal Place of Business			3. Mailing Address			I ABERLOOM III ABIID IBIIK BUIN BONN OOMA SEKK DAIBI OKEB UKBO LIIND IDIDI AHH ROOK
2088 Central Ave Suite Apt. #, etc.			Suite, Apt. #, etc			
			133916476	WAY DR 1	+117	CHECK HERE IF MAKING CHANGES
City & State Fort Muers, Florida			City & State FORT MYERS FL			4. FEI Number 65-0910173 Applied For Not Applicable
Zip 33401	agers /	Country USA	Zip 33919	Country USA		5. Certificate of Status Desired See Required See Required
6. Name and Address of Current Registered Agent					\ 	7. Name and Address of New Registered Agent
MILLLIGAN, JOHN P JR 1500 COLONIAL BLVD., STE. 103 FT. MYERS FL 33907					ddress (P 33 9 Det 1	1488 FL 3399
SIGNATURE F	Signature Aped o	r printed name of argistered age of an FEE IS \$150.00 B Fee will be \$550.00 Florida Department of the second secon	Ymaski Vate if applicable. (NOTE		5 K.	st agent, or both, in the State of Florida. I am familiar with, and accept    SZYMANSK  #/30/03     when reinstating)   DATE     9. Election Campaign Financing   \$5.00 May Be     Trust Fund Contribution.   Added to Fees
10.	,	OFFICERS AND D		11.	_	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CHAEL ESTWOOD DR. ERS FL 33917	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, F MER 2307 Fort	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		enter services	□ Delete .	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPEDER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-30-03

239-275-9365

Change

Addition

Daytime Phon