

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010008

1. Entity Name
UNIQUE ENGRAVING, INC.

Principal Place of Business
4409 SEAWATER STREET
ORLANDO FL 32812

Mailing Address
PO BOX 590011
ORLANDO FL 32859

2. Principal Place of Business
4217 STONEWALL DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO FL
Zip
32812
Country
ORANGE

City & State
Zip
Country

4. FEI Number 59-3565367

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, KENNETH A
3110 CARISUDO CT.
ORLANDO FL 32812

7. Name and Address of New Registered Agent

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.

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) ☒

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 P
NAME THOMAS, KENNETH A
STREET ADDRESS 4409 SEAWATER STREET
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE T
NAME WRIGHT, JOHN
STREET ADDRESS 12229 GRAY BIRCH CIRCLE
CITY-ST-ZIP ORLANDO FL 32832 ☐ 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 P
NAME THOMAS, KENNETH A
STREET ADDRESS 4217 STONEWALL DR
CITY-ST-ZIP ORLANDO, FL 32812 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Kenneth A Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 SEP -6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0114586 AT

CR2E034 (5/01)