

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

1062

DOCUMENT # P99000023580

00 MAY 23 - AM 8:44

1. Entity Name  
**THE UNIQUE YOU, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5839 MARINER DRIVE TAMPA FL 33609-3411</b>	Mailing Address <b>5839 MARINER DRIVE TAMPA FL 33609-3411</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

47108 90078/045 \$150.00

4. FEI Number  
*see pg. 2*

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

6. Name and Address of Current Registered Agent

**HILTON, R.C.  
5839 MARINER DRIVE  
TAMPA FL 33609-3411**

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 \_\_\_\_\_ (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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President/Treasurer</b> <input type="checkbox"/> Delete	NAME <b>R. C. Hilton</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5839 Mariner, Tampa, Fl. 33609</b>	CITY-ST-ZIP	NAME	
TITLE <b>Secretary</b> <input type="checkbox"/> Delete	NAME <b>Anna M. Richter</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>8331 Archwood Circle</b>	CITY-ST-ZIP <b>Tampa, Fl. 33615-4931</b>	NAME	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	

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: *X RCHilton* **4-3-00** **813/286-2156**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2012

Fl. Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

FROM

The Unique You, Inc.  
R. C. Hilton, Pres.  
5839 Mariner Dr.  
Tampa, Fl. 33609-3411

May 15, 2000

SUBJECT

Ref: P 99000023580

MESSAGE

Please be advised that we have received our Federal ID number for the  
above corporation - #59-3642065.

Please advise if anything further is required. Thank you.

SIGNED

*R. C. Hilton*

REPLY

SIGNED

DATE

SENDER - SEND PARTS 1 AND 3 INTACT

RECIPIENT - RETURN PART 3 WITH REPLY