

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91328 001 ***150.00

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

DOCUMENT # P99000037966

1. Entity Name
UNIQUE PRODUCT RESOURCES, INC.



Principal Place of Business
3901 SAN NICHOLAS ST.
TAMPA, FL 33629

Mailing Address
3901 SAN NICHOLAS ST.
TAMPA, FL 33629

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
59-3577429

Applied For
Not Applicable

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

HERSHOCK, JILL W
3901 SAN NICHOLAS ST.
TAMPA, FL 33629

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

NOTE: Registered Agent's signature required when submitting.

DATE

FILED NOV 11 2003 \$160.00
MAY 1 2003 Fee will be \$650.00
MAY 1 2003 Fee will be \$650.00
MAY 1 2003 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WILLIAM S. CHIP
STREET ADDRESS 3901 SAN NICHOLAS STREET
CITY-ST-ZIP TAMPA, FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 807, 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.

SIGNATURE:

Charles B. Wink PRES

4/25/03 727372791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE004 (10/02)