

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90006 011 ***550.00

DOCUMENT # P99000087545

1. Entity Name
UNIQUE ADDITIONS, INC.

Principal Place of Business
5630 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884

Mailing Address
5630 CYPRESS GARDENS BLVD.
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1986935**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DAVIDSON, CAROL G
5630 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33884

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
DAVIDSON, CAROL G
 STREET ADDRESS **5671 CYPRESS GARDENS RD.**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

1-863-38-0788
 Date Daytime Phone #

CR2E034 (5/01)

Unique Additions

Attachment

5630 Cypress Gardens Blvd.
Winter Haven, FL. 33884

Phone 1-863-318-0788

Fax 1-863-318-0788

PR000087 ⁵⁴⁵ 9/15/01
80005740

Please understand and except my
apology for this being a few days
late — it was on my desk — then
the horrible event in New York
and Washington and Detroit. —

I completely forgot about
this having to be in by Sept. 12th —
truthfully I wasn't thinking too
clearly — my mind was glued
to the t.v. and radio.

Please understand —

God Bless You,

Sincerely,

Carl David

