2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S62263

1. Entity Name
UNIQUE MEDAL & BADGE, INC.

Principal Place of Business	Mailing Address
5400 N. OCEAN DR. RIVIERA BEACH, FL 33404	50 BACON STREET PAWTUCKET, RI 02860 US

DO NOT WRITE IN THIS SPACE

02272004   No Chg-P   CR2E034 (10/03)

4. FEI Number
65-0268352   /

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLISS, FRANCIS V
5400 N. OCEAN DR.
RIVIERA BEACH, FL 33404

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IN THIS SPACE

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 title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000107332
04/09/04-80009-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BLISS, FRANCIS V.
STREET ADDRESS	5400 N. OCEAN DR.
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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.

SIGNATURE: _____   4/6/04   401-729-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #