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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Larry E. Mortham
Secretary of State

DOCUMENT # **V00141** **(4)**

1. Corporate Name

UNIQUE MARKETING GROUP, INC.

Principal Place of Business	Mailing Address
7265 ESTOPONA CIR SUITE 201 FERN PARK FL 32730 US	7265 ESTA PONA CIR STE 201 FERN PARK FL 32730 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/12/1991**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

State Agt # (if any) — 22

State Agt # (if any) — 27

City & State — 23

City & State — 28

24 — 25 — 29 — 30

4. FEI Number: **59-3098145**

Applied For ☐
Not Applicable ☐

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

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

8. The corporation has filed, or is eligible to file under s. 179.01, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PETERSON, SCOT
5714 PADGETTE CIR.
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of s. 607.193 or 607.1937, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of that position under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PDS		☐ Change ☐ Addition
NAME	PETERSON, SCOT		
STREET ADDRESS	5714 PADGETT CIR		
CITY-ST-ZIP	ORLANDO FL 32809		
TITLE	VDT		☐ Change ☐ Addition
NAME	PETERSON, W. CHRIS II		
STREET ADDRESS	3290 LORDMALL CT.		
CITY-ST-ZIP	OVIEDO FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this report is accurately reported and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 with an address, with an attachment with an address.

SIGNATURE: SCOT PETERSON, PRESIDENT 4/27/95 407-767-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0040026 CP