

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26112 (5)

1. Corporation Name

UNIQUE PREMIUM PRODUCTS, INC.



Principal Place of Business

3205 S FLORIDA AVENUE
LAKELAND FL 33803
US

Mailing Address

3205 S FLORIDA AVENUE
LAKELAND FL 33803
US

2. Principal Place of Business

21 14270 CARLSON CIR.

Suite, Apt. #, etc.

22

City & State

23 TAMPA, FLORIDA

Zip

24 33626

Country

25 USA

2a. Mailing Address

26 14270 CARLSON CIR.

Suite, Apt. #, etc.

27

City & State

28 TAMPA, FLORIDA

Zip

29 33626

Country

30 USA

3. Date Incorporated or Qualified
04/01/1992

3a. Date of Last Report
03/28/1995

4. FEI Number

59-3123242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.

☒ Yes ☐ No

g. Name and Address of Current Registered Agent

WATTS, BARBARA D
UNIQUE PREMIUM PRODUCTS
3129 SO FLORIDA AVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

WATTS, BARBARA J.

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

UNIQUE PREMIUM PRODUCTS

83

14270 CARLSON Circle

84 City

TAMPA

FL

85 Zip Code

33626

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

SIGNATURE: x Barbara D. Watts

Signature, typed or printed name of registered agent and date (acceptable)

(NOTE: Registered Agent signature required when not filing)

DATE

4-5-96

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

WATTS, BARBARA D
2816 COUNTRYBROOK DR
PALM HARBOR FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

S

☐ DELETE

NAME

BAKER, ROBERT
6527 LONG OAK CT
LAKELAND FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

BAKER, BRUCE M
6412 SHADOWBROOK DR E
LAKELAND FL

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 if changed, or on an attachment with an address.

SIGNATURE: x Barbara D. Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4-5-96

813-891-9971

CR2E034 (12/95)