

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90029 018 ***150.00

DOCUMENT # V26112

1. Corporation Name

UNIQUE PREMIUM PRODUCTS, INC.

Principal Place of Business

2435 US HWY 19
STE 660
HOLIDAY FL 34691
US

Mailing Address

2435 US HWY 19
STE 660
HOLIDAY FL 34691
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1992

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 14204 CARLSON CIR.

Suite, Apt. #, etc.

2a. Mailing Address

26 14204 CARLSON CIR.

Suite, Apt. #, etc.

City & State

23 TAMPA, FLORIDA

Zip

24 33626 25 USA

City & State

28 TAMPA, FLORIDA

Zip

29 33626 30 USA

9. Name and Address of Current Registered Agent

WATTS, BARBARA D
2435 U S HWY 19, STE 660
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name

WATTS BARBARA D.

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

1608 LAGO VISTA BLVD.

83

84 City

PALM HARBOR

FL

85 Zip Code

34685

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

Barbara D. Watts

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

P

NAME

WATTS, BARBARA D

STREET ADDRESS

1608 LAGO VISTA BLVD

CITY-ST-ZIP

PALM HARBOR FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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 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 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, with all other like empowered.

SIGNATURE:

Barbara D. Watts President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99 727-785-2803

Date

Daytime Phone #

CR2E034 (1/98)