

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 009 ***150.00

DOCUMENT # V26112

1. Entity Name

UNIQUE PREMIUM PRODUCTS, INC.

Principal Place of Business

11910 RACE TRACK ROAD
 TAMPA FL 33626
 US

Mailing Address

11910 RACE TRACK ROAD
 TAMPA FL 33626
 US

2. Principal Place of Business

30 N. Ring
 Suite, Apt. #, etc.
200

3. Mailing Address

30 N. Ring
 Suite, Apt. #, etc.
Suite 200

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

Zip

34689

Country

Zip

34689

Country

4. FEI Number

59-3123242

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WATTS, BARBARA D
1608 LAGO VISTA BLVD
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

BARBARA WATTS

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

36750 US HWY 19 N

City

PALM HARBOR

FL

Zip Code

34684

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

Barbara D. Watts

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **P** ☐ Delete
 NAME **WATTS, BARBARA D**
 STREET ADDRESS **36750 U.S. HWY 19 NORTH**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 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:

Barbara D. Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA D. WATTS

Date

3-28-01 727-934-8123

Daytime Phone #

CR2E034 (10/00)