

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # **V26112**
1. Entity Name **UNIQUE Premium Products, Inc.**

FILED
01 AUG 22 AM 9 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
30 North Ring #200 TARPON SPRINGS FL 34689
Mailing Address
30 N. Ring #200 TARPON SPRINGS FL 34689

2. Principal Place of Business
30 N. Ring #200
Suite, Apt. #, etc.
3. Mailing Address
30 N. Ring #200
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TARPON SPRINGS
Zip
FL 34689
Country
FL 34689

City & State
TARPON SPRINGS
Zip
FL 34689
Country
FL 34689

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
BARBARA D. WATTS
36750 U.S. Hwy 19 N. #3274
PALM HARBOR, FL 34685

7. Name and Address of New Registered Agent
Name
BARBARA D. WATTS
Street Address (P.O. Box Number is Not Acceptable)
36750 U.S. Hwy 19 N. #3274
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

8-11-01
DATE

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
PRESIDENT
NAME
WATTS, BARBARA D. ☐ Delete
STREET ADDRESS
36750 U.S. Hwy 19 N. #3274
CITY-ST-ZIP
PALM HARBOR, FL 34684

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
VICE PRESIDENT-SALES, DTL. ☐ Change ☒ Addition
NAME
JAMES G. JUNEAN
STREET ADDRESS
1501 GULF BLVD #101
CITY-ST-ZIP
CLEARWATER BEACH, FL 33767

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
KOSTA IBRAHIM
CITY-ST-ZIP
1865 DEL ROBLES DR.
CLEARWATER, FL 33764

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS
JUERGEN HEBERLEIN
CITY-ST-ZIP
3804 DARSTON CT.
PALM HARBOR, FL 34685

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
SECRETARY
CITY-ST-ZIP
100004560551-5
-08/28/01-01093-002
*******61.25 *****61.25**

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

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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** **BARBARA D. WATTS** **8-11-01** **727-934-8123**

CR2E034 (11/00)