## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

UNIQUE TOO, INC.

**ANNUAL REPORT** 

1998

(7)

**FILED** Apr 14 1998 8:00am Secretary of State



| ### Address   Mailing Address   Address   Address   Applied for   Applie |   |                                      |  |                     |             |  | 1984   1186   1186   1186   1186   1186   1186   1186   1186   1186   1186   1186   1186   1186   1186 |                        |               |
|--|---|--------------------------------------|--|---------------------|-------------|--|--|------------------------|---------------|
| ### Addition   Full Place of Business   Full P | Principal Place of Business Mailing Address |                                      |  |                     |             |  |  |                        | 11 B1841 1981 |
| US DATE Incorporated of Dustines S. Date Incorporated Dustines S. Date Incorporate Dustines S. Date Incorporated Dustines S. Date Incorporated Dustines S. Date Incorporated Dustines S. Date Incorporated Dustines S. Date Incorporate Dusti |   |                                      |  |                     |             |  |  |                        |               |
| B. Date Incorporation of Business  2. Amiling Address 2. Amiling Address 3. Amiling Addre |   |                                      |  |                     |             |  | DO NOT WRITE IN THIS SPACE   |                        |               |
| 2. Privale Place of Business   2a. Malling Address   5. 6. Certificate of Status Desired   58.75 Addisonal   58.75 Addis | ••  |                                      | 00   |                     |             |  |  |                        |               |
| Sulin, Apt. #. etc.    Sulin, Apt. #. etc.   |   |                                      |  |                     |             |  | 06/16/1992   |                        |               |
| Solito, April et cit.    Solito, April et cit.   | 2. Principal Pl                             | ace of Business                      | 2a. Mailing Address  | 2a. Mailing Address |             |  |  | Aı                     | oplied For    |
| Country   State   Cry & State   Country   Release   State      | 1   |                                      | 26   | 26                  |             |  | 65-0343998   | 65-0343998 Not Applica |               |
| City & State    City & State   City  | Suite, Apt. 4                               | #, etc.                              | <b>⊢</b> -¬  |                     |             |  | 5. Certificate of Status Desired   | * '                    | Y             |
| Added to Faces   Page   | 2   |                                      |  |                     |             |  |  |                        | <del></del>   |
| Country   Sp   Sp   Sp   Sp   Sp   Sp   Sp   S   | ¬ '   | •                                    | <b>├</b> ¬   | <b>├</b> ¬          |             |  |  |                        |               |
| 9. Name and Address of Current Registered Agent  GABBARD, JUDTH 3212 NW FEDERAL HWY JENSEN BCH FL 34957  10. Name and Address of New Registered Agent  11. Parsuant to the provisions of Sections 607 0506 Finds Statutes, the above named corporation submits this statement for the purpose of changing its registered agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Rivids. Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, and statement for the purpose of changing its registered office or registered agent, and statement for the purpose of changing its registered office or registered agent, and statement for the purpose of changing its registered office or registered agent and the statement for the purpose of changing its registered office or registered agent and the registered of the corporation's board of directors. The purpose of changing its registered office or registered agent and the registered of the corporation's board of directors. The purpose of changing its registered office or registered agent and the registered of the corporation's board of directors. The purpose of changing its registered office or registered agent and the registered of the corporation's board of directors. The purpose of changing its registered of the corporation's board of directors. The purpose of changing its registered after segment registered by the corporation's board of directors. The purpose of changing its registered after segment registered by the corporation's board of directors. The purpose of changing its registered after segment registered agent agent and corporation's board of directors. The purpose of changing its registered agent ag |   | Country                              | <del></del>  |                     |             |  |  |                        |               |
| 9. Name and Address of Current Registered Agent  GABBARD, JUDTH 3212 NW FEDERAL HWY JENSEN BCH FL 34957  83  64 City  FL 85 Zip Code  11. Parasiant to the provisions of Sections 607/00/29 and 607/1508 Fords Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. Lam familiar with, and accept the obligations of, Section 607/00/29 and 607/1508 Fords Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent. Lam familiar with, and accept the obligations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  SIGNATURE  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  1.1 Title  Signature, byte of provisions of the collegations of, Section 607/0506, Florida Statutes  1.2 NAW  SIGNATURE  SIGNATURE  SIGNATURE  Signature, byte of provisions of provisions of the collegations of the colle | ¬ '   |                                      |  | <b>⊢</b> −¬         | · · · · · · |  |  |                        |               |
| 3212 NW FEDERAL HWY JENSEN BCH F1 34967    Bo  | <u>*L.,,</u>                                |                                      |  | 1001                | <del></del> |  | <del></del>  |                        |               |
| 3212 NW FEDERAL HWY JENSEN BCH F1 34967    Bo  | GAI   | BBARD, JUDITH                        |  |                     | 81          | Name   |  |                        |               |
| JENSEN BCH FL 34957    B8  |   |                                      |  |                     | 82          | Street Address (P.O. Boy Number is Not Acceptable) |  |                        |               |
| 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 ammiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.   | JEN   | ISEN BCH FL 34957                    |  |                     |             | 3000170  | Miless (1.0. Dox Humber is 1401 Acceptable)  |                        |               |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal 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 amiliar with, and accept the otherplants of, Section 670,5056, Priorida Statutes.    Section 1  |   |                                      |  |                     | 83          |  |  |                        |               |
| 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal 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 amiliar with, and accept the otherplants of, Section 670,5056, Priorida Statutes.    Section 1  |   |                                      |  |                     | Ã.          | City   |  | es Zin                 | Code          |
| office of registered agent, or both, in the State of Plorida. 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 originations of Schools Statutes.    Interest   Interest  |   |                                      |  |                     |             | ) ity  | · <b></b>  | :L  8   2              |               |
| agent. Lem' familiar with, and accorpt the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  THE  DV OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE  MAKE  GABBARD, JUDY  12 NAME  3212 NW FEDERAL HWY  JENSEN BCH. FL  1.3 SIREET ADDRESS  SITY-ST-2P  THE  MAKE  GABBARD, WILLIAM  3212 NW FEDERAL HWY  JENSEN BCH. FL  DELETE  2.1 TITLE  DP  Change  Addition  3212 NW FEDERAL HWY  JENSEN BCH. FL  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TO Hardy  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TO HARDY  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TO HARDY  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.3 SIREET ADDRESS  SITY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CHTY-ST-2P  THE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO OFFICE AND OFFICERS TO OFFICE AND OFF | 11. Pursuant t                              | o the provisions of Sections 607.05  | x02 and 607.1508, Florida State of Florida, Such change wa | tutes, the          | above       | e-named co   | orporation submits this statement for the purpos   | e of changing i        | ts registered |
| Signature lymptod to private frame tell mysteridal agent and pase if mysterid agent and interpret agent in an and officer or director of the corporation of the receiver or truston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 120 of the corporation or the receiver or truston empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in     | agent. I ar                                 | n familiar with, and accept the obli | gations of, Section 607.0505,                              | Florida St          | atutes      | 3.   | rations board of alloctors, y horoby absorpt the   | appointment do         | , og oloree   |
| In the content of t   | SIGNATURE .                                 |                                      |  |                     |             |  |  |                        |               |
| GABBARD, JUDY  GABBARD, JUDY  3212 NW FEDERAL HWY JENSEN BCH. FL  13 STREET ADDRESS JA CITY-ST-ZIP  GABBARD, WILLIAM JENSEN BCH. FL  JENSEN BC |   |                                      |  |                     |             | ni signature teo                                   |  |                        | 20 IN 12      |
| GABBARD, JUDY 3212 NW FEDERAL HWY JENSEN BCH. FL  DP GABBARD, WILLIAM 3212 NW FEDERAL HWY JENSEN BCH. FL  MAKE MAKE MAKE JENSEN BCH. FL  GABBARD, WILLIAM 3212 NW FEDERAL HWY 22 STREET ADDRESS JENSEN BCH. FL  DELETE 31 TITLE  GELETE 41 TITLE  MAKE 42 NAME 43 STREET ADDRESS MIRET ADDRE | <del></del>                                 |                                      |  |                     |             | <del>-1</del> -                                    | ADDITIONS/CHANGES TO OFFICERS A  |                        |               |
| STREET ADDRESS STREET | ĺ   |                                      | - President  | 1                   |             | 1  |  | onungo                 |               |
| JENSEN BCH. FL  JENSEN BCH. FL  JENSEN BCH. FL  JENSEN BCH. FL  GABBARD, WILLIAM  3212 NW FEDERAL HWY  JENSEN BCH. FL  JENSEN  |   |                                      |  |                     |             | ADDRESS  |  |                        |               |
| MARE GABBARD, WILLIAM 3212 NW FEDERAL HWY JENSEN BCH. FL  DELETE 21 TITLE 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY- ST- ZP  TITLE 31 TITLE 32 NAME 33 STREET ADDRESS ZITY- ST- ZP TITLE 41 TITLE 41 TITLE 42 NAME 33 STREET ADDRESS ZITY- ST- ZP TITLE 41 TITLE 42 NAME 43 STREET ADDRESS ZITY- ST- ZP TITLE 41 TITLE 43 TITLE 44 TITLE 44 TITLE 44 TITLE 45 TITLE 46 TITLE 46 TITLE 46 TITLE 47 ST- ZP TITLE 48 TITLE |   |                                      |  |                     |             |  |  |                        |               |
| STREET ADDRESS STRY-ST-ZIP JENSEN BCH. FL  DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS STRY-ST-ZIP  ITTLE DELETE 41 TITLE Change Addition AME TITRET ADDRESS TITY-ST-ZIP TITLE AME AS STREET ADDRESS AS STREET ADDRESS TITY-ST-ZIP TITLE AME ADDRESS TITY-ST-ZIP TITLE ADDRESS TITY-ST-ZIP TITLE ADDRESS TITY-ST-ZIP ADDRESS TIT | TITLE                                       | DP                                   | DELETE   |                     |             | 1-20   |  | Change                 | Addition      |
| JENSEN BCH. FL    DELETE   31 TITLE     Change   Addition  | NAME [                                      | GABBARD, WILLIAM                     |  | 2.2                 | NAME        | - 1  |  |                        |               |
| INTE DELETE 31 TITLE   | STREET ADDRESS                              |                                      |  | 2.3                 | STREET      | ADDRESS  |  |                        | ,             |
| AME STREET ADDRESS STY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME ASTREET ADDRESS STY-ST-ZIP DELETE 4.3 STREET ADDRESS STY-ST-ZIP MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE  | CFTY-ST-ZIP                                 | JENSEN BCH. FL                       |  | _ 2.4               | CITY-S      | ST-ZIP   |  |                        |               |
| 33 STREET ADDRESS CTY-ST-ZIP  TITLE  DELETE  4.1 TITLE  4.2 NAME  4.2 NAME  4.3 STREET ADDRESS CTY-ST-ZIP  DELETE  5.1 TITLE  DELETE  5.1 TITLE  Change Addition  Addition  MME  STREET ADDRESS CTY-ST-ZIP  TITLE  DELETE  5.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Change Addition  Addition  Addition  Addition  Addition  Addition  Change Addition  Addit | TITLE                                       |                                      | ☐ DELETE   | 31                  | TITLE       |  |  | Change                 | Addition      |
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| ### ### ##############################   | CITY-ST-ZIP                                 | <b></b>                              |  |                     |             | ST-ZIP   |  |                        |               |
| A 3 STREET ADDRESS  STRY - ST - ZIP  TITLE  DELETE  5 1 TITLE  STREET ADDRESS  | TITLE                                       |                                      | ☐ DELETE   |                     |             |  |  | ∟ Change               | L Addition    |
| Addition    DELETE   STRIPE     Change   Addition  | NAME  |                                      |  |                     |             |  |  |                        | !             |
| DELETE 51 TITLE  | STREET ADDRESS                              |                                      |  |                     |             | Į.   |  |                        |               |
| STREET ADDRESS  CITY-ST-ZIP  DELETE  6.1 TITLE  Addition  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.1 TITLE  6.1 TITLE  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 STREET ADDRESS  CITY-ST-ZIP  6.5 TITLE  6.6 STREET ADDRESS  CITY-ST-ZIP  6.7 Lipy-ST-ZIP  6.8 STREET ADDRESS  CITY-ST-ZIP  6.9 STREET ADDRESS  6.9 ST | CITY-ST-ZIP                                 |                                      | DELETE   |                     | _           | T-ZIP  |  | Chanca                 | Addition      |
| 5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  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 roport or supplemental annual roport 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachypent with an address.   |   |                                      | [ ] DELETE   | - 1                 |             |  |  | TH CURINGE             | LT Manting    |
| STY-ST-ZIP  TILE  DELETE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  STY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  6.4 CITY-ST-ZIP  6.5 NAME  6.5 STREET ADDRESS  6.5 CITY-ST-ZIP  6.5 NAME  6.6 STREET ADDRESS  6.6 CITY-ST-ZIP  6.7 NAME  6.8 STREET ADDRESS  6.9 CITY-ST-ZIP  6.9 CITY-ST |   |                                      |  |                     |             | ADDOCEDO   |  |                        |               |
| THE DELETE 6.1 TITLE 6.2 NAME 62 NAME 63 STREET ADDRESS DTY-ST-ZIP 4. 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 roport or supplemental annual roport 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 13 if changed, or on an attachypent with an address.  | 1   |                                      |  |                     |             |  |  |                        |               |
| 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 Thereby 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 roport or supplemental annual roport 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachypent with an address.  |   |                                      | DELETE   |                     |             | 1-411  |  | Change                 | Addition      |
| 6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  14. Thereby 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 roport or supplemental annual roport 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 13 if changed, or on an attachypent with an address.  | -   |                                      |  | 1                   |             |  |  | - C. M                 |               |
| 64 CITY-ST-ZIP  4. 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 roport or supplemental annual roport is rue 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 frustee 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 attachipsoft with an address.   |   |                                      |  |                     |             | ADDRESS  |  |                        |               |
| 4. Thereby 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 roport or supplemental annual roport 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 trustoe 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 attaction of the corporation of the corpor | ·   |                                      |  |                     | -           |  |  |                        |               |
| 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 attachine it with an address.   | 14. I hereby c                              | ertify that the information supplied | with this filing does not qualif-                          | for the ex          | kemp        | tion stated  | in Section 119.07(3)(i), Florida Statutes. I furthe  | r certify that the     | information   |
| Block 12 or Block 13 if changed, or on an attachinent with an address.   |   |                                      |  |                     |             |  |  |                        |               |
|  |   | or Block 13 if changed, or on an at  | tachpient with an address.                                 |                     | -           |  | 1 1  |                        |               |