

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51298

1. Entity Name

UNIQUE REAL ESTATE, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90006 025 ***158.75

00048443

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1625 W. Marion Ave Suite 6 Punta Gorda, Fl. 33950 US		Mailing Address P.O. Box 511249 Punta Gorda, Fl. 33951-1249		4. FEI Number 65-0396775		Applied For Not Applicable	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 511249 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33951	Country US	Zip 33951	Country US	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MCQUEEN, PAULA F. 1625 W. Marion Ave Suite 6 Punta Gorda, FL. 33950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				<div style="border: 1px solid black; padding: 2px;"> FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State </div>			
				10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCQUEEN, ROBERT N 1625 W. Marion Ave Punta Gorda, FL. Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sec/Trea MCQUEEN, PAULA F. 1625 W. Marion Ave Punta Gorda, FL. 33950 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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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: <u>Paula F. McQueen</u>				4/25/00			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

CR2E034 (9/99)