

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55558

1. Entity Name

UNIQUE GLOBEBAGS, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90066 031 \*\*\*158.75

Principal Place of Business

4889 SW GOLFSIDE DRIVE  
PALM CITY FL 34990  
US

Mailing Address

4889 SW GOLFSIDE DRIVE  
PALM CITY FL 34990-7917  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0357153

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, N. DEAN, JR.  
2400 SOUTH FEDERAL HIGHWAY  
SUITE 400  
STUART FL 34994

Name **EUGENE E NEWMAN, PRES**  
Street Address (P.O. Box Number is Not Acceptable)  
**4889 SW GOLFSIDE DRIVE**  
City **PALM CITY** FL **34990**

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 *Eugene E Newman Pres*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/10/2000**  
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, EUGENE E</b>	
STREET ADDRESS	<b>4889 SW GOLFSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>NATALE, ANTHONY</b>	
STREET ADDRESS	<b>4889 SW GOLFSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>NATALE, TOM</b>	
STREET ADDRESS	<b>4889 SW GOLFSIDE DRIVE</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Eugene E Newman Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/10/2000** **561-**  
Date Daytime Phone # **221-0810**

CR2E034 (9/99)