

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90145 010 \*\*\*150.00

SECRETARY OF STATE

**DOCUMENT # F98000001107**

1. Entity Name  
**UNITED SUBCONTRACTORS, INC.**



Principal Place of Business  
895 W 2600 S  
SALT LAKE CITY UT 84119  
US

Mailing Address  
895 W 2600 S  
SALT LAKE CITY UT 84119  
US



2. Principal Place of Business  
**3218 MARION ST.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**FT. MYERS FL**

City & State

4. FEI Number **87-0572162**

Applied For  
 Not Applicable

Zip **33916** Country **USA**

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>NIPPER, DAVID</b> <b>895 W 2600 S</b> <b>SALT LAKE CITY UT 84119</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BURNHAM, TERRY</b> <b>8635 154TH AVE NE</b> <b>REDMOND WA 98052</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HELMINIAK, LAWRENCE W</b> <b>1005 N. CHURCH ST.</b> <b>CHARLOTTE NC 28206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>BELANUS, JOHN</b> <b>81 FRANKLIN TURNPIKE</b> <b>MAHWAH NJ 07430</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRYZMALA, ROBERT</b> <b>1701 S. 124TH STREET</b> <b>BROOMFIELD CO 80020</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRYZMALA, ROBERT</b> <b>895 W. 2600 S.</b> <b>SALT LAKE CITY UT 84119</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>BRAD FAIRBANKS</b> <b>895 W. 2600 S.</b> <b>SALT LAKE CITY, UT 84119</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brad Fairbanks* **SIGNATURE REQUIRED** **4-15-03** **801-983-0390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)