

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009892

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: UCT, INC.

**Current Principal Place of Business:**

303 SE 17 ST STE 309  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

303 SE 17 ST STE 309  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 77-0594929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, SYLVIA  
303 SE 17 ST STE 309  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BARBER, B. KET  
Address: 3862 NE 19 ST CIRCLE  
City-St-Zip: OCALA, FL 34470

Title: D ( ) Delete  
Name: JOHNSON, SYLVIA A  
Address: 303 SE 17 ST STE 309  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: PERRY, BETTY J  
Address: 702 SE 36 AVE  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNSON, SYLVIA A.

DIR.

04/29/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date