

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113970

1. Entity Name
FLORIDA UNITED BUSINESS SERVICES, INC.



FILED

05 APR 15 AM 9:44

Principal Place of Business
116 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Mailing Address
POST OFFICE BOX 846
TALLAHASSEE, FL 32302

TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0316892

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

STAHL, THOMAS W
116 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Name Karen E. Phillips

Street Address (P.O. Box Number is Not Acceptable)
116 S. Monroe St.

City

Tallahassee

FL

Zip Code

32301

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

Signature typed or printed name of registered agent and title if applicable.

Karen E. Phillips

(NOTE: Registered Agent signature required when reinstating)

3/4/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME STAHL, THOMAS W ☐ Delete
STREET ADDRESS 116 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE V
NAME PHILLIPS, KAREN E ☐ Delete
STREET ADDRESS 116 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE S
NAME BUTLER, STACEY S ☒ Delete
STREET ADDRESS 116 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE T
NAME LOZANO, LANCE H ☐ Delete
STREET ADDRESS 116 SOUTH MONROE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 400053932814
CITY-ST-ZIP 05/06/05--01007--014 **150.00

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

Date

850-681-6265

Daytime Phone #

Thomas W. Stahl

10