

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000073573

FILED
Mar 06, 2008
Secretary of State

Entity Name: UNITED ENGINEERING SERVICES CORP.

Current Principal Place of Business:

5613 6TH STREET WEST
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 7331
FORT MYERS, FL 339117331

New Mailing Address:

FEI Number: 74-3181311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWNDES, JAMES E
5613 6TH STREET WEST
LEHIGH ACRES, FL 33971 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOWNDES, JAMES E
Address: POST OFFICE BOX 7331
City-St-Zip: FORT MYERS, FL 339117331

Title: V () Delete
Name: MORO, DONALD J
Address: 11271 BENT PINE DR
City-St-Zip: FT MYERS, FL 33113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOWNDES, JAMES E
Address: 12171 HAMPTON GREENS COURT
City-St-Zip: FORT MYERS, FL 33913

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES LOWNDES

D

03/06/2008

Electronic Signature of Signing Officer or Director

_____ Date