

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020726

FILED
Jan 13, 2010
Secretary of State

Entity Name: UCPM ENVIRONMENTAL INSURANCE, INC.

Current Principal Place of Business:

1955 S. VAL VISTA DRIVE, SUITE 201
MESA, AZ 85204 US

New Principal Place of Business:

Current Mailing Address:

1955 S. VAL VISTA DR. #201
MESA, AZ 85204 US

New Mailing Address:

FEI Number: 86-0714198 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P
Name: CLEGG, TIMOTHY L
Address: 1955 S. VAL VISTA DRIVE SUITE 201
City-St-Zip: MESA, AZ 85204

Title: V
Name: CLEGG, TIMOTHY L
Address: 1955 S. VAL VISTA DRIVE SUITE 201
City-St-Zip: MESA, AZ 85204

Title: D
Name: CLEGG, TIMOTHY L ~
Address: 1955 S. VAL VISTA DRIVE SUITE 201
City-St-Zip: MESA, AZ 85204

Title: S
Name: CLEGG, ALISA E
Address: 1955 S. VAL VISTA DRIVE SUITE 201
City-St-Zip: MESA, AZ 85204

Title: T
Name: CLEGG, ALISA E
Address: 1955 S. VAL VISTA DRIVE SUITE 201
City-St-Zip: MESA, AZ 85204

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY L CLEGG

P

01/13/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date