CORPORATION

ANNUAL REPORT

PROFIT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90091 039 ***150.00

DOCUMENT # P9700003439						
UNITED TRUST FINANCIAL SERVICES INC.						
Division No.		Mailing Address			IN Childr Laten Curre char e (C arl Coll	
Principal Place		6017 9TH STREET WORTH				
ST PETERSBUI	:±1-190H1H R 0-ft-222 03	ST. PETERSOURG FL 33703		NOT INDITE IN SI	10 00405	
PO Boy				DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	IS SPACE	
St. Peto	eroboxy fr			01/07/1997		
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 20,	Box 12373	26 PO BOX	12315	59-3418606	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & Starte		6. Election Campaign Financing	\$5,00 May Be	
237 CF Q	trachuse FL	28 Sti Veter	show F	Trust Fund Contribution.	Added to Fees	
Zip	Country	Zip Zip	_ Country	8.=This corporation owes the current year I		
24 33	7 <i>3</i> 3 25	29 35/35/31	<u> </u>	Personal Property Tax.	Yes ONo	
9. Name and Address of Current Registered Agent 81 Name				10. Name and Address of New Registered Agent		
PURNS THOMAS A						
2842 16TH AVE N			7	82 Street Address (P.O. Box Number is Not Acceptable) Bucos, The mas		
ST. PETERSBURG FL 33713					1.	
	Ţ	(Same)	84 City	287 C 16 NO. 1	85 Zlp Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose office or registered agent, or both, in the State of Florida. Such change was environtized by the corporation's board of directors. I heraby accept the applications of Section 607.0505 Florida Statutes.					レートメスウナオー	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was aut	, the above-named con norized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as registered	
agent. fa	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agen	and title if acriticable. (NOTE: Re	edistanted Apent signature requi	red when reinstating) CATE		
12.	OFFICERS AN		13,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE	Bresiden	Change Addition	
NAME	BURNS, JR. T		12 NAME TORONO	2001/2 1/2 00)	8	
STREET ADDRESS	2842 16TH AVE N		1.3 STREET ADDRESS	81 Oct - 10 HO 70 -	2×7/3 8	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	☐ DELETE	1.4 CHY-ST-ZP 2.1 TILE ◀	eciellos Pia Ol	Ghange ☐ Addition ○	
TITLE NAME	SELLAS, JOHN A.	C 222	2.2 NAME	John on some	-2	
STREET ADDRESS	5250 12TH ST N		2.3 STREET ADDRESS	13/1 N. West now Ble	A.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	- · - · - · - · - · - · - · - · - · - ·				
TITLE			2.4 CITY-ST-ZIP	TOWOR TY 650 376	<u></u>	
		☐ DELETE	3.1 TITLE	TAMPA, F 697336	Change Addition	
NAME		☐ DELETE		10mps, 7 69336	<u></u>	
NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Tompa, 7 607 336	<u></u>	
STREET ADORESS			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	Tompa, 1 69336	☐ Change ☐ Addition	
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I hereby certify that the information supplied with this liling does not qualify for the exemption stated in Section 113.07(3)(1), Florida Statutes, I further behind that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.