

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 337367

1. Entity Name

UNITED BUSINESS SYSTEMS CO., INC.

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90025 041 ***150.00

Principal Place of Business

122 COASTLINE RD.
STE 1004
SANFORD FL 32771
US

Mailing Address

122 COASTLINE RD.
STE 1004
SANFORD FL 32771
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1224726**

Applied For

Not Applicable

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

PALUMBO, CONRAD C
122 COASTLINE RD.
STE 1004
SANFORD FL 32771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALUMBO, CONRAD C 122 COASTLINE RD., STE 1004 SANFORD FL 32771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DAN 3109 W. HALLANDALE BCH BLVD., #101 HALLANDALE FL 33009	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PALUMBO, DELORES K. 122 COASTLINE RD., STE 1004 SANFORD FL 32771	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALUMBO, CONRAD C. JR. 5803 BRCKENRIDGE DR., STE E TAMPA FL 33610	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Toy Palumbo Sec. Treas.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2001 401/328-0688
Date Daytime Phone #

CR2E034 (10/00)