

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90224 035 ***150.00

DOCUMENT # 337367

1. Entity Name

UNITED BUSINESS SYSTEMS CO., INC.



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

4180 St. Johns Parkway

Suite, Apt. #, etc.
Suite 1004

3. Mailing Address

4180 St. Johns Parkway

Suite, Apt. #, etc.
Suite 1004

City & State

Sanford, FL

City & State

Sanford, FL

4. FEI Number

59-1224726

Applied For

Not Applicable

Zip

32771

Country

USA

Zip

32771

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Palumbo, Dolores K.

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

4180 St. Johns Parkway

Suite 1004

City
Sanford

FL

Zip Code
32771

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/18/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PALUMBO, CONRAD C
STREET ADDRESS 122 COASTLINE RD., STE 1004
CITY-ST-ZIP SANFORD FL 32771

TITLE VD ☐ Delete
NAME SMITH, DAN
STREET ADDRESS 3109 W. HALLANDALE BCH BLVD., #101
CITY-ST-ZIP HALLANDALE FL 33009

TITLE STD ☐ Delete
NAME PALUMBO, DELORES K.
STREET ADDRESS 122 COASTLINE RD., STE 1004
CITY-ST-ZIP SANFORD FL 32771

TITLE D ☐ Delete
NAME PALUMBO, CONRAD C. JR.
STREET ADDRESS 5803 BRCKENRIDGE DR., STE E
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Palumbo, Conrad C
STREET ADDRESS 4180 St. Johns Parkway, Suite 1004
CITY-ST-ZIP Sanford, FL 32771

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

TITLE PSTD ☒ Change ☐ Addition
NAME Palumbo, Dolores K.
STREET ADDRESS 4180 St. Johns Parkway, Suite 1004
CITY-ST-ZIP Sanford, FL 32771

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Dolores K. Palumbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores K. Palumbo, Pres.

03/18/03

Date

Daytime Phone #

CR2E034 (10/02)