2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2003 8:00 am
Secretary of State
09-18-2003 90031 033 ****61.25

DOCUMENT # N98000001436

1. Entity Name
UNITED SERVANTS ABROAD, INC.

Principal Place of Business	Mailing Address
505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401	P.O. BOX 3475 WEST PALM BEACH FL 33402

☐ CHECK HERE IF MAKING CHANGES

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 65-0821937 ☐ 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
HENRY, THORNTON M 505 S FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM ELMORE, DONALD E 14530 ROLLING ROCK PL WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Forman, Walter 28 Shady Lane Tequesta FL 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELMORE, KATHRYN S 14530 ROLLING ROCK PL WELLINGTON FL 33414	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Stepp, Melanie 12159 Alder Lane Wellington FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEPP, MELANIE L 54 PALAMINO CT HORSHAM PA 19044	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Richardson, David 10935 N.W 40th St Coral Springs FL 33065	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROCKWAY, ROBERT G 5217 MISTY MORN RD PALM BEACH GARDENS FL 33418	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Case, Bruce 10314 Denoell Rd Boynton Beach FL 33437	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KERR, BERNIE 12451 GRUMMAN WAY PORT SAINT LUCIE FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ozier, Calvin 1574 Whitmar Pl E. Memphis TN 38120	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUGH, BEATRICE 1957 FITTIN CT LAKE WORTH FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRANCH, Michael 330 Lake Rd Lake Mary FL 32746	☐ Change ☒ Addition

CR2E037 (4/03)

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 617, 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: SIGNATURE REQUIRED 11/16/03 561-795-1665