

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90033 020 \*\*\*150.00

**DOCUMENT # 316130**

1. Entity Name  
**UNITED BUSINESS SOLUTIONS OF FLORIDA, INC.**



Principal Place of Business  
**3212 SOUTH GATE CIRCLE  
SARASOTA, FL 34239**

Mailing Address  
**3212 SOUTH GATE CIRCLE  
SARASOTA, FL 34239**

**50001107**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1171327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBERTS, DON E  
3212 SOUTH GATE CIRCLE  
SARASOTA, FL 34239**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	ROBERTS, PAMALA S.
STREET ADDRESS	4873 OLD RANCH RD.
CITY-ST-ZIP	SARASOTA, FL 34241 <i>Delete - R</i>
TITLE	VPTD
NAME	ROBERTS, DARYL A
STREET ADDRESS	4873 OLD RANCH ROAD
CITY-ST-ZIP	SARASOTA, FL 34241 <i>Delete - R</i>
TITLE	VPSD
NAME	ROBERTS, DWIGHT D
STREET ADDRESS	4873 OLD RANCH ROAD
CITY-ST-ZIP	SARASOTA, FL 34241 <i>Delete - R</i>
TITLE	PD
NAME	ROBERTS, DON E
STREET ADDRESS	3212 SOUTH GATE CIRCLE
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Don E Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President 941-955-8000*  
Date *1-11-07* Daytime Phone #

*Don E Roberts*