

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90037 027 \*\*\*150.00

**DOCUMENT # 337367**

1. Entity Name

**UNITED BUSINESS SYSTEMS CO., INC.**

Principal Place of Business

Mailing Address

122 COASTLINE RD.  
STE 1004  
SANFORD FL 32771  
US

122 COASTLINE RD.  
STE 1004  
SANFORD FL 32771-6302  
US

80013724



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1224726**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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, 2000 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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000

407/328-0688

Date

Daytime Phone #