

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90058 042 \*\*\*150.00

**DOCUMENT # 337367**

1. Entity Name  
**UNITED BUSINESS SYSTEMS CO., INC.**



Principal Place of Business  
**4180 ST JOHNS PKWY  
STE 1004  
SANFORD, FL 32771 US**

Mailing Address  
**4180 ST JOHNS PKWY  
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

03242004

Chg-P

CR2E034 (10/03)

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  
4180 ST JOHNS PKWY  
STE 1004  
SANFORD, FL 32771**

Name  
**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

*Dolores Kay Palumbo*

03/24/04

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent's signature required when re-constituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
PALUMBO, CONRAD C  
4180 ST JOHNS PKWY  
SANFORD, FL 32771** ☐ Delete

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

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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTD  
PALUMBO, DELORES K.  
4180 ST JOHNS PKWY STE 1004  
SANFORD, FL 32771** ☐ Delete

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

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  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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 an other like employment.

SIGNATURE

*Dolores Kay Palumbo*

**Dolores K. Palumbo, Pres.**

03/24/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #