

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 016 ***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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PALUMBO, DOLORES K 4180 ST. JOHNS PKWY. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete PALUMBO, CONRAD C 4180 ST. JOHNS PKWY., STE. 1004 SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD <input type="checkbox"/> Delete SMITH, DAN 3109 W. HALLANDALE BCH BLVD., #101 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PSTD <input type="checkbox"/> Delete PALUMBO, DOLORES K 4180 ST JOHNS PKWY STE 1004 SANFORD, FL 32771		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D <input checked="" type="checkbox"/> Delete PALUMBO, CONRAD C JR 7320 FLETCHER AVE, STE 112 TAMPA, FL 33637		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>D. Kay Palumbo, President</u> <i>D. Kay Palumbo</i> 04/10/2006 (407) 328-0688					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40054261



04062006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1224726** Applied For ☐ Not Applicable ☐

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