

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 385498

1. Entity Name
UNITED PARTNERS III, INC.



Principal Place of Business

**2101 OLD DIXIE HWY-
FT PIERCE, FL 34946**

Mailing Address

**2101 OLD DIXIE HWY
FT PIERCE, FL 34946**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1415316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MATTHEWS, CRAIG C.
2142 SE ABCOR RD
PORT SAINT LUCIE, FL 34952**

**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	PDT
NAME	MATTHEWS, CRAIG C
STREET ADDRESS	2815 FAIRWAY DR
CITY-ST-ZIP	FT PIERCE, FL
TITLE	VD
NAME	MATTHEWS, BARBARA Y
STREET ADDRESS	2815 FAIRWAY DR
CITY-ST-ZIP	FT PIERCE, FL
TITLE	VD
NAME	MATTHEWS, SEAN C
STREET ADDRESS	2101 NORTH OLD DIXIE HWY
CITY-ST-ZIP	FORT PIERCE, FL 34946

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/07-80029-017 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-7
Date

772-370-1502
Daytime Phone # **cell**