

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550199**

1. Entity Name

UNITED INVESTMENTS, INC. ✓



Principal Place of Business

2933 S. FLORIDA AVE.  
SUITE 4  
LAKELAND, FL 33803

Mailing Address

2933 S. FLORIDA AVE.  
SUITE 4  
LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-1772759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHARAR, TOM E  
2933 S FLORIDA AVE  
SUITE 4  
LAKELAND, FL 33803

**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

*Tom E Scharar*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-7-5

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P/D  
SCHARAR, TOM E  
2933 S FLORIDA AVE #4  
LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP/D  
SCHARAR, DAPHNE  
1202 BRIARBROOK  
HOUSTON, TX 77042

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TAS  
SCHARAR, RYAN  
1202 BRIARBROOK  
HOUSTON, TX 77042

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

UN00000174937  
01/10/05-80032-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Tom E Scharar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-5

Date

863-687-4663

Daytime Phone #