

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90004 009 ****61.25

DOCUMENT # 747202

1. Entity Name
UCOM-URBANSERV, INC.



Principal Place of Business

**C/O W. F. FANT
1261 ALDERMAN ROAD, E.
JACKSONVILLE, FL 32211**

Mailing Address

**C/O W. F. FANT
1261 ALDERMAN ROAD, E.
JACKSONVILLE, FL 32211**

60014368



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1927686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JENKINS, ARCHIE O.
121 W. FORSYTH
SUITE 500
JACKSONVILLE, FL 32202**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**S
WAVERLY, FANT F
1261 ALDERMAN ROAD E
JACKSONVILLE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
PEREZ, REBECCA
12919 JULINGTON RIDGE DR., E.
JACKSONVILLE, FL 32258**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANIEL, MILDRED
5144 SOUTHPOINT DR
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LYON, MARION
2218 MERCER CIRCLE S.
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHANK, CYNTHIA
5118 DAMASCUS RD., S.
JACKSONVILLE, FL 32207**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 617, 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:

WAVERLY FANT SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-721-3117

01-31-06