

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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



01072007 No Chg-NP

CR2E037 (4/06)

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

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	WAVERLY, FANT F
STREET ADDRESS	1261 ALDERMAN ROAD E
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	T
NAME	PEREZ, REBECCA
STREET ADDRESS	12919 JULINGTON RIDGE DR., E.
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	D
NAME	DANIEL, MILDRED
STREET ADDRESS	5144 SOUTHPOINT DR
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	LYON, MARION
STREET ADDRESS	2218 MERCER CIRCLE S.
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D
NAME	SHANK, CYNTHIA
STREET ADDRESS	5118 DAMASCUS RD., S.
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000858494
03/15/07-80041-016 61.25

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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, Treas **WAVERLY FANT**

01-10-07

Date

904-724-3117

Daytime Phone #