

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 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



01042008 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 \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000349488  
06/03/08-80030-013 61.25

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

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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 member or trustee appointed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11.

*Waverly Fant, Secretary, WAVERLY FANT 01-04-08*