

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747202

FILED
Jan 06, 2009
Secretary of State

Entity Name: UCOM-URBANSERV, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1927686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WAVERLY, FANT F
Address: 1261 ALDERMAN ROAD E
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: PEREZ, REBECCA
Address: 12919 JULINGTON RIDGE DR., E.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: DANIEL, MILDRED
Address: 5144 SOUTHPPOINT DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LYON, MARION
Address: 2218 MERCER CIRCLE S.
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: SHANK, CYNTHIA
Address: 5118 DAMASCUS RD., S.
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SUSAN, SPICHER
Address: 3349 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: BRETT, FOSTER
Address: 4001 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAVERLY FANT

SEC

01/06/2009

Electronic Signature of Signing Officer or Director

Date