

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747202

FILED
Feb 08, 2012
Secretary of State

Entity Name: UCOM-URBANSERV, INC.

Current Principal Place of Business:

3349 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3349 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207

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:

SPEICHER, SUSAN B MS.
3349 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32207 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: P
Name: LUCARELLI, TERRY REV.
Address: 2001 UNIVERSITY BLVD W
City-St-Zip: JACKSONVILLE, FL 32217

Title: T/S
Name: SPEICHER, SUSAN B MS.
Address: 455 OAK RIDGE TRAIL
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP
Name: DANIEL, MILDRED MS.
Address: 5144 SOUTH PINES DRIVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP
Name: MARELL, CAROL MS.
Address: 9761 CHESTERFIELD DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP
Name: SHANK, CYNTHIA MS.
Address: 5118 DAMASCUS RDAD, S.
City-St-Zip: JACKSONVILLE, FL 32207

I hereby 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 all other like empowered.

SIGNATURE: SUSAN B SPEICHER

T/S

02/08/2012

Electronic Signature of Signing Officer or Director

Date