


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 834349 1. Entity Name UNITED TUBE CORPORATION	
---	---

Principal Place of Business 1143-C COURT ST. CLEARWATER, FL 33756	Mailing Address 1143-C COURT ST. CLEARWATER, FL 33756
---	---

DO NOT WRITE IN THIS SPACE



04012005 No Chg-P CR2E034 (10/03)

4. FEI Number 34-0651344	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKNIGHT, F. R 1800 SOCIETY BLDG., E. 9TH & SUPERIOR CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRACHAN, NORMAN C 2680 CLUBHOUSE DR S CLEARWATER, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPLAIN, ANGIE 2370 SHADE TREE LN. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATTLES, G W 111 112 WINDWARD ISLAND CLEARWATER, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, NORMAN N 2514 RICHMAR LN BRANDON, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000316232
04/19/05-80067-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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 empowerers.

SIGNATURE: *A.D. Chaplain* **A.D. Chaplain**
TREASURER
Date: 4/13/05 (127) 443-5784
Daytime Phone #