

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90012 017 \*\*\*150.00

**DOCUMENT # F03000000656**

1. Entity Name  
U.T.A., INC.



Principal Place of Business  
OAK VILLAGE SOUTH AT SUGARMILLWOODS  
6 EAST CYCLAMEN CT.  
HOMOSASSA, FL 34446

Mailing Address  
OAK VILLAGE SOUTH AT SUGARMILLWOODS  
6 EAST CYCLAMEN CT.  
HOMOSASSA, FL 34446

40000000



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3140449**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FELDMAN, LAWRENCE S  
6 EAST CYCLAMEN CT.  
HOMOSASSA, FL 34446

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	FELDMAN, LAWRENCE S
STREET ADDRESS	6 EAST CYCLAMEN CT
CITY - ST - ZIP	HOMOSASSA, FL 34446
TITLE	VP
NAME	BOWERS, EILEEN L
STREET ADDRESS	6 EAST CYCLAMEN CT
CITY - ST - ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 empowered.

**SIGNATURE:**

*Lawrence S. Feldman* **LAWRENCE S. FELDMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 392 4050

1-7-2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **FO3000000656**

1. Entity Name

**U.T.A., INC**



**ATTACHMENT**

**40000620**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**16790 SW Airport Rd**

Suite, Apt. #, etc.

**P.O. BOX 216**

3. Mailing Address

**16790 SW Airport Rd**

Suite, Apt. #, etc.

**P.O. BOX 216**

City & State

**CEDAR KEY, FLA**

City & State

**CEDAR KEY, FLA**

Zip

**32625**

Country

**USA**

Zip

**32625**

Country

**USA**

4. FEI Number

**22-3140449**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**LAWRENCE S. FELDMAN**

Street Address (P.O. Box Number is Not Acceptable)

**6 EAST CYCLAMEN CT.**

**OAK VILLAGE SOUTH AT SUBAIMILLWOODS**

City

**HOMOSASSA**

FL

Zip Code

**34446**

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

**Lawrence S. Feldman**

**LAWRENCE S. FELDMAN JAN 7 2004**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>
NAME	<b>LAWRENCE S. FELDMAN</b>
STREET ADDRESS	<b>6 EAST CYCLAMEN CT</b>
CITY-ST-ZIP	<b>HOMOSASSA, FL 32625</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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SIGNATURE:

**Lawrence S. Feldman**

**LAWRENCE S. FELDMAN**

Date

**JAN 7 2004**

Daytime Phone #

**352-476-6011**

CR2E034B (12/02)