

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90099 004 \*\*\*150.00

**DOCUMENT # F03000000656**

1. Entity Name

U.T.A., INC.



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

16790 SW AIRPORT ROAD

Suite, Apt. #, etc.

3. Mailing Address

Box P.O. 216

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

cedar key

City & State

cedar key FL

4. FEI Number

22-3140449

Applied For

Not Applicable

Zip

32625-216

Country

LEVY

Zip

32625-216

Country

LEVY

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

7. Name and Address of New Registered Agent

Name

LAWRENCE S. FELDMAN

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

16790 SW AIRPORT ROAD

City

cedar key

FL

Zip Code

32625-216

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

3-7-06

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, 2006 Fee Will Be \$550.00**

**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 P ☒ Delete  
NAME FELDMAN, LAWRENCE S  
STREET ADDRESS 6 EAST CYCLAMEN CT  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VP ☒ Delete  
NAME BOWERS, EILEEN L  
STREET ADDRESS 6 EAST CYCLAMEN CT  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME LAWRENCE S FELDMAN  
STREET ADDRESS SW 16790 AIRPORT RD PO BOX 216  
CITY-ST-ZIP cedar key FL 32625-216

TITLE ☒ Change ☐ Addition  
NAME EILEEN L BOWERS V.P.  
STREET ADDRESS SW 16790 AIRPORT RD PO BOX 216  
CITY-ST-ZIP cedar key FL 32625-216

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 an other like empowered.

SIGNATURE:

*Lawrence S. Feldman*

LAWRENCE S. FELDMAN

3-7-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-382-4050