

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000006531

1. Entity Name
UNITED SERVICES INC.



Principal Place of Business
462 FOREST STREET
KEARNY, NJ 07032

Mailing Address
462 FOREST STREET
KEARNY, NJ 07032

05 AUG 24 11:42

08/16/05 90004 014 150



08162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3187558 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARDO, RAYMOND L
STREET ADDRESS 47 PLEASANT PLACE
CITY-ST-ZIP KEARNY, NJ 07032

TITLE C
NAME PARDO, AMNERIS
STREET ADDRESS 47 PLEASANT PLACE
CITY-ST-ZIP KEARNY, NJ 07032

TITLE S
NAME QUIGLEY, DAVID
STREET ADDRESS 50 LESLIE DRIVE
CITY-ST-ZIP WEST MILFORD, NJ 07480

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: Raymond Pardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/05
Date

201-955-1300
Daytime Phone #