


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90036 006 ****61.25

DOCUMENT # F98000000674	
1. Entity Name U.T.B. - UNITED THIRD BRIDGE, INC.	

Principal Place of Business 2129 ROYAL POINCIANA BLVD. MELBOURNE, FL 32935	Mailing Address PO BOX 360505 MELBOURNE, FL 32935
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50008039



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
13-2909008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, SAMUEL D 629 SE FIFTH AVE FORT LAUDERDALE, FL 33301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, SAMUEL C			NAME			
STREET ADDRESS	2129 ROYAL POINCIANA BLVD			STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLEGAS, WILFREDO			NAME			
STREET ADDRESS	216 NEMO PLACE			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32907			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	
NAME	ROLDAN, ROBERT			NAME	MR. MIKE MORENO		
STREET ADDRESS	6547 N.W. CHUGWATER CT.			STREET ADDRESS	337 Glen Club Drive		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983			CITY-ST-ZIP	DeBary, FL 32713		
TITLE	EO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELS, SYLVIA			NAME			
STREET ADDRESS	1603 GEORGIA ST. N.E.			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32907			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COTTO, VICTOR M			NAME			
STREET ADDRESS	981 GARDEN BROOK CT SE			STREET ADDRESS			
CITY-ST-ZIP	PALM BAY, FL 32909			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 617, 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: Samuel C. Lopez 321-752-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #