

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J39283** (3)
1. Corporation Name
UNITED RESOURCES GROUP, INC.



Principal Place of Business
**4128 NW 37 DR
GAINESVILLE FL 32606**

Mailing Address
**4128 NW 37 DR
GAINESVILLE FL 32606**

2. Principal Place of Business
21 State Apt. #, etc.
22 City & State
23 Zip

2a. Mailing Address
26 State Apt. #, etc.
27 City & State
28 Zip

3. Date Incorporated or Qualified **10/22/1986**
3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2718170**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30
9. Name and Address of Current Registered Agent

**ANDREWS, MARILYN, PHD
4128 NW 37 DR
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE **MARILYN ANDREWS** *Marilyn Andrews* **2-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	☐ DELETE	1. TITLE	☐ Change ☐ Addition
2. NAME		2. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE	☐ DELETE	5. TITLE	☐ Change ☐ Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, ST, ZIP		8. CITY, ST, ZIP	
9. TITLE	☐ DELETE	9. TITLE	☐ Change ☐ Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST, ZIP		12. CITY, ST, ZIP	
13. TITLE	☐ DELETE	13. TITLE	☐ Change ☐ Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST, ZIP		16. CITY, ST, ZIP	
17. TITLE	☐ DELETE	17. TITLE	☐ Change ☐ Addition
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marilyn Andrews* **2/14/96** **(352)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARILYN ANDREWS** **371-1001**

CR2E034 (12/95)