Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J39283

2. Principal Place of Business

Suite, Apt. #, etc.

22

UNITED RESOURCES GROUP, INC.

Principal Place of Business	Mailing Address	
4128 NW 37 DR GAINESVILLE FL 32606	4128 NW 37 DR GAINESVILLE FL 32606	

26

27

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90083 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/22/1986

59-2718170

City & State City & State			e			6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zíp		Country		8. This corporation owes the current year l		_
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	rrent Registered Agent	t			10. Name and Address of New Registere	d Agent	
				81	Name			
ANDREWS, MARILYN, PHD 4128 NW 37 DR GAINESVILLE FL 32606				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
				"-	Oll Col 7 (go)	COS (1 .C. BOX 114 MIDE) TO (1017 MIDE)		
				83				
				-	0.1		0 T 7:0 C	`ada
				84	City	F	L 85 Zip C	oue
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. Flo	rida Statutes, th	e above	e-named corp	oration submits this statement for the purpose	of changing its	registered
) office or	registered agent or both in the S	tate of Florida. Such cha	inge was authori	zed by	the corporation	on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the of	oligations of, Section 607	7.0005, FIORGA S	natutes	•			
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE Regist	ered Agen	t signature require	d when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
12.		S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PV			1.1 TITLE			Change	☐ Addition
NAME .	ANDREWS, MARILYN, PHD		1	1.2 NAME				
STREET ADDRÉSS	4400 NULL OF DD		1	3 STREET	ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		1	4 CITY-S	T-7IP			
TITLE	ST DELETE			2.1 TITLE			☐ Change	☐ Addition
NAME	ANDREWS, MARILYN, PHD		2	2 NAME				:
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		_	4 CITY-S		• • • • • •		
TITLE	G artestical te			1 TITLE			Change	Addition
NAME	1		3	2 NAME				
STREET ADDRESS			3	3 STREET	ADDRESS			
CITY-ST-ZIP			3	4. CITY-S	T. ZIP			İ
TITLE				1 TITLE		-	☐ Change	Addition
NAME			4	. 2 NAME	ļ			
STREET ADDRESS			4	.3 STREET	ADORESS			
CITY-ST-ZIP	1			4 CITY-S	1		`	
TITLE				1 TITLE			☐ Change	☐ Addition
NAME			5	2 NAME				
STREET ADDRESS			: 5	3 STREET	ADDRESS			
CITY-ST-ZIP			5	4 CITY-S	r-zip			
TITLE			DELETE 6	1 TITLE			☐ Change	Addition
NAME		_		2 NAME			-	
STREET ADDRESS			6	.3 STREET	ADDRESS			
				.4 CITY-ST	J			
CITY-ST-ZIP	L						34	

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 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, with all other like empowered.