

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J79031

FILED  
Mar 28, 2003  
Secretary of State

Entity Name: UBS, INC.

## Current Principal Place of Business:

% EDWARD M. PIERCE  
3124 SW 90TH (PEACHTREE) CIRCLE  
DAVIE, FL 33328

## Current Mailing Address:

% EDWARD M. PIERCE  
3124 SW 90TH (PEACHTREE) CIRCLE  
DAVIE, FL 33328

## New Principal Place of Business:

% EDWARD M. PIERCE  
3124 PEACHTREE CIRCLE  
DAVIE, FL 33328

## New Mailing Address:

% EDWARD M. PIERCE  
3124 SW PEACHTREE CIRCLE  
DAVIE, FL 33328

FEI Number: 54-1138560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

UNIVERSITY BUSINESS SERVICES  
3124 PEACHTREE (SW 90TH) CIRCLE  
DAVIE, FL 33328

## Name and Address of New Registered Agent:

MANSON, ALEITA J  
3124 PEACHTREE CIRCLE  
DAVIE, FL 33328

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.

SIGNATURE: ALEITA J. MANSON

03/28/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: PIERCE, EDWARD M PRES  
Address: 3124 PEACHTREE CIRCLE  
City-St-Zip: FT LAUDERDALE, FL 33328

Title: D ( ) Delete  
Name: PIERCE, ALEITA M.,  
Address: 3124 PEACHTREE CIRCLE  
City-St-Zip: FT LAUDERDALE, FL

Title: D ( ) Delete  
Name: PIERCE, EDWARD M., J, R.  
Address: 3124 PEACHTREE CIRCLE  
City-St-Zip: FT LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD M. PIERCE

PRES

03/28/2003

Electronic Signature of Signing Officer or Director

Date