

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90205 031 ****50.00

DOCUMENT # L00000010332

1. Entity Name

UNITED COMPLIANCE SERVICES, LC

Principal Place of Business

**2502 STARLING LANE
 BRADENTON FL 34209**

Mailing Address

**2502 STARLING LANE
 BRADENTON FL 34209**

2. Principal Place of Business

2302 16th Ave W.

Suite, Apt. #, etc.

7

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

FL

Zip

34205

Country

Manatee

Zip

Country

4. FEI Number

65-1052763

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS, ELIZABETH S
 2502 STARLING LANE
 BRADENTON FL 34209**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **ANDREWS, ELIZABETH S**
 STREET ADDRESS **2502 STARLING LANE**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2302 16th Ave West**
 CITY-ST-ZIP **Bradenton, FL 34205**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Elizabeth S. Andrews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/02 941 708-3705

Date

Daytime Phone #

CR2E083 (9/01)