

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90014 039 ***150.00

DOCUMENT # L14979

1. Entity Name

UNITED MUTUAL TRUST INC.



Principal Place of Business

2740 E. OAKLAND PK. BLVD., #302
FT. LAUDERDALE FL 33306
US

Mailing Address

2740 E. OAKLAND PK. BLVD., #302
FT. LAUDERDALE FL 33306
US

54037012



MOORE

CR2E034 (11/03)

2. Principal Place of Business

2727 E Oakland PK Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd floor

Suite, Apt. #, etc.

SAME

City & State

Ft. Lauderdale FL

City & State

SAME

Zip

33304

Country

USA

Zip

Country

4. FEI Number

65-0214209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, ERIC R
2740 E. OAKLAND PK. BLVD.
#302
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

JOHNSON, ERIC R

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-14-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME JOHNSON, ERIC
STREET ADDRESS 2740 E. OAKLAND PARK BLVD., 302
CITY-ST-ZIP FORT LAUDERDALE FL 33306

☐ Delete

TITLE
NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME JOHNSON, ERIC R
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 607, 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:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

4-14-04 (54) 305-5407