

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90217 004 ****61.25

DOCUMENT # N01000003364



1. Entity Name
UNITED MISSION SERVICES, INC.

Principal Place of Business
**2855 PARRISH CEMETERY ROAD
JACKSONVILLE FL 32221**

Mailing Address
**2855 PARRISH CEMETERY ROAD
JACKSONVILLE FL 32221**

55043591



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **31-1774304**

Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POWELL, GARLAND
2855 PARRISH CEMETERY ROAD
JACKSONVILLE FL 32221**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D POWELL, GARLAND**
STREET ADDRESS **2855 PARRISH CEMETERY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

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

TITLE ☒ Delete
NAME **WHITE, DONALD**
STREET ADDRESS **10482 WELLINGTON SPRINGS WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **TUCKER, ELIOT**
CITY-ST-ZIP **2170 Pebbleidge Ct**
Orange Park, FL 32065

TITLE ☒ Delete
NAME **EASTON, CLIFF**
STREET ADDRESS **482 STOWE MOUNTAIN RD**
CITY-ST-ZIP **HILLSBORO NH 03244**

TITLE ☐ Change ☒ Addition
NAME **TRUSTEE**
STREET ADDRESS **WHITE, DONALD**
CITY-ST-ZIP **10482 WELLINGTON SPRINGS WAY**
JACKSONVILLE, FL 32221

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 617, 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:

NOTICE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/03

904/234-6800

CR2E037 (10/02)