

2001 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # N37446

1. Entity Name

UTSC, INCORPORATED

Principal Place of Business

114 NORTH OHIO AVENUE
P.O. BOX 1239
LIVE OAK FL 32060

Mailing Address

114 NORTH OHIO AVENUE
P.O. BOX 1239
LIVE OAK FL 32060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01 SEP 24 PM 12:09



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3150148

Applied For
Not Applicable

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

BOWEN, GEORGE
2924 NE 13TH DRIVE
GAINESVILLE FL 32609

Name Willie Veal Jr.
Street Address (P.O. Box Number is Not Acceptable)
25268 77th Rd.
City O'Brien FL Zip Code 32071

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 Willie N. Veal Jr. Willie N. Veal Jr. 9/11/01
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
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS VEAL WILLIE JR.
CITY-ST-ZIP 25268 77TH RD
O BRIEN FL

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

TITLE ☐ Delete
NAME DT
STREET ADDRESS WINGATE, MIRA V.
CITY-ST-ZIP 22641 95TH LANE
O'BRIEN FL

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

TITLE ☐ Delete
NAME DVP
STREET ADDRESS CAMPBELL, STEPHEN
CITY-ST-ZIP 11397 122ND TRAIL
LIVE OAK FL

TITLE ☒ Change ☐ Addition
NAME Director
STREET ADDRESS Campbell, Stephen
CITY-ST-ZIP 11397 122nd Trail
Live Oak, FL 32060

TITLE ☐ Delete
NAME S
STREET ADDRESS FRYE, PEGGY
CITY-ST-ZIP PO BOX 112
BRANFORD FL 32008

TITLE ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS Frye, Peggy
CITY-ST-ZIP P.O. Box 112
Branford, FL 32008

TITLE ☐ Delete
NAME P
STREET ADDRESS DUHART, EVELINE
CITY-ST-ZIP P.O. BOX 92 N/A
LIVE OAK FL

TITLE ☐ Change ☒ Addition
NAME Moses, Glenda C.
STREET ADDRESS P.O. Box 553
CITY-ST-ZIP Branford, FL 32008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Nirvana Wingate 9/11/01 935-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000037

CR2E037 (5/01)