

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N37446

FILED
Nov 22, 2006
Secretary of State

Entity Name: UTSC, INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3150148 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOWEN, GEORGE
13241 SW 2NE PL
NEWBERRY, FL 32669 US

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: GEORGE BOWEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HERRING, RHOSHONDA L
Address: 517 S W HOUSTON AVE
City-St-Zip: LIVE OAK, FL 32064

Title: PD () Delete
Name: DANIELS, SHERYL
Address: 10356 CR 252
City-St-Zip: LIVE OAK, FL 32060

Title: D () Delete
Name: CAMPBELL, STEPHEN
Address: 11397 122ND TRAIL
City-St-Zip: LIVE OAK, FL 32060

Title: VPD (X) Delete
Name: CURL, KELLIE
Address: P O BOX 176
City-St-Zip: BRANFORD, FL 32008

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:

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHOSHONDA L. HERRING

DT

11/22/2006

Electronic Signature of Signing Officer or Director

Date