

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006144

1. Entity Name

UNITED INSTALLATIONS, INC.

Principal Place of Business

1291 SUSSEX DRIVE
NORTH LAUDERDALE FL 33068

Mailing Address

1291 SUSSEX DRIVE
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

1101 OAKWATER DR

3. Mailing Address

1101 OAKWATER DR

Suite, Apt. #, etc.

ROYAL PALM BCH, FL

Suite, Apt. #, etc.

ROYAL PALM BCH, FL

City & State

City & State

33411

Country

USA

33411

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number

65-0978321

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)



FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME GRAY, DWIGHT W
STREET ADDRESS 1291 SUSSEX DRIVE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME DWIGHT W. GRAY
STREET ADDRESS 1101 OAKWATER DR
CITY-ST-ZIP ROYAL PALM BCH, FL 33411

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DWIGHT W. GRAY

9-22-01 954-914-1103

Date

Daytime Phone #

CR2E034 (5/01)