


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90003 014 ***150.00

DOCUMENT # P00000013728	
1. Entity Name UNITED FLORIDA SERVICE, INC.	

Principal Place of Business 2340 NE 31 COURT LIGHTHOUSE POINT, FL 33064	Mailing Address 2340 NE 31 COURT LIGHTHOUSE POINT, FL 33064
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0985069	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
JONES, JOAN R 2340 NE 31 COURT LIGHTHOUSE POINT, FL 33064	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <i>Joan R. Jones</i>	DATE: <i>7/25/05</i>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, JOAN R 2340 NE 31 COURT LIGHTHOUSE POINT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.	
--	--

SIGNATURE: <i>Joan R. Jones</i>	DATE: <i>7/25/05</i>	DAYTIME PHONE: <i>954 942 4320</i>
---------------------------------	----------------------	------------------------------------

**ATTACHMENT**
Division of Corporations**Annual Report****Annual Report Help**Document Number
P00000013728Business Entity Name
UNITED FLORIDA SERVICE, INC.

☒ **After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.**

FEI Number

650985069

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

2340 NE 31 COURT

Suite, Apt. #, etc.

City, State

LIGHTHOUSE POINT**FL**

Zip Code & Country

33064**Mailing Address**

Address

2340 NE 31 COURT

Suite, Apt. #, etc.

City, State

LIGHTHOUSE POINT**FL**

Zip Code & Country

33064**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

JONES**JOAN****R**

-or- RA Business Name

Address (PO Box is not acceptable)

2340 NE 31 COURT

Suite, Apt. #, etc.

City, State

LIGHTHOUSE POINT**FL**

Zip Code & Country

33064**US**

If there is a change in registered agent, the new agent will need to type their name

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Joan R. Jones

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	<input type="text" value="D"/>			
Name (Last, First, Middle, Title)	<input type="text" value="JONES"/>	<input type="text" value="JOAN"/>	<input type="text" value="R"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text" value="2340 NE 31 COURT"/>			
City, State	<input type="text" value="LIGHTHOUSE POINT"/>		<input type="text" value="FL"/>	
Zip Code & Country	<input type="text" value="33064"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>		<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>		<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			
City, State	<input type="text"/>		<input type="text"/>	
Zip Code & Country	<input type="text"/>	<input type="text"/>		
Title	<input type="text"/>			
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>			
Street Address	<input type="text"/>			

City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>
Title	<input type="text"/>	
Name (Last, First, Middle, Title)	<input type="text"/>	<input type="text"/>
-or- Entity Name	<input type="text"/>	
Street Address	<input type="text"/>	
City, State	<input type="text"/>	<input type="text"/>
Zip Code & Country	<input type="text"/>	<input type="text"/>

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Continue](#)[Reset](#)[Start Over](#)

[Sunbiz Home Page](#)[Annual Report Help](#)