

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055544

1. Entity Name

UNIFIED SERVICE PRODUCTS CORP.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90002 046 \*\*\*150.00

Principal Place of Business

761 DEMPSEY AVENUE  
SEBASTIAN FL 32958

Mailing Address

P.O. BOX 0918  
SEBASTIAN FL 32978-0918

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Barr Foot Bay FL

City & State

Sebastian FL

4. FEI Number

65-105373

Applied For

Not Applicable

Zip

32976

Country

Brevard

Zip

32978-0918

Country

Indian River

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, EARL  
761 DEMPSEY AVENUE  
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name MANNING EARL  
Street Address (P.O. Box Number is Not Acceptable)  
515 N. Dolphin Cir  
Barr Foot Bay  
City FL Zip Code 32976

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 *Earl Manning Earl Manning*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/19/01  
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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 MANNING, EARL  
STREET ADDRESS 761 DEMPSEY AVENUE  
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MANNING EARL ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 515 N. Dolphin Cir  
CITY-ST-ZIP Barr Foot Bay FL 32976

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

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

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

TITLE  
NAME  
STREET ADDRESS  
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: *Earl Manning Earl Manning* 2/19/01 (561)6639655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (10/00)