


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90853 028 ***150.00

DOCUMENT # P00000055544	
1. Entity Name UNIFIED SERVICE PRODUCTS CORP.	

Principal Place of Business 515 N. DOLPHIN CIR BAREFOOT BAY FL 32976	Mailing Address P.O. BOX 780918 SEBASTIAN FL 32978-0918
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2. Principal Place of Business 567 Dolphin Cir	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Barefoot Bay FL	City & State
Zip 32976	Country USA

4. FEI Number 65-1015373	<input type="checkbox"/> 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 MANNING, EARL 515 N DOLPHIN CIR BAREFOOT BAY FL 32976

7. Name and Address of New Registered Agent Name <u>Manning, Earl</u> Street Address (P.O. Box Number is Not Acceptable) <u>567 Dolphin Cir</u> <u>Barefoot Bay</u> FL <u>32976</u>

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. <u>Earl Manning</u> <u>2/17/03</u> SIGNATURE DATE <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE D <input checked="" type="checkbox"/> Delete	NAME MANNING, EARL
STREET ADDRESS 515 N DOLPHIN CIR	CITY-ST-ZIP BAREFOOT BAY FL 32976
TITLE D <input type="checkbox"/> Delete	NAME MANNING Earl
STREET ADDRESS 567 Dolphin Cir	CITY-ST-ZIP Barefoot Bay FL 32976
TITLE D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 like empowered.	
SIGNATURE: <u>Earl Manning</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/17/03 772 663 9655 Date Daytime Phone #

CR2E034 (10/02)