

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078725

1. Entity Name

UNITED ALLIANCE GROUP, INC.

Principal Place of Business

600 MAGNOLIA AVE. STE 300
TAMPA FL 33606

Mailing Address

600 MAGNOLIA AVE. STE 300
TAMPA FL 33606

2. Principal Place of Business

324 S. Hyde Park Ave

3. Mailing Address

324 S. Hyde Park Ave

Suite/Apt. #, etc.

Suite/Apt. #, etc.

215

215

City & State

Tampa, FL

City & State

Tampa FL

Zip

33606

Country

USA

Zip

33606

Country

USA

4. FEI Number

59-3668851

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, ALBERT ESQ
201 N FRANKLIN ST, 22ND FLOOR
TAMPA FL 33602

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 \$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: President
NAME: Michael Villa
STREET ADDRESS: 324 S. Hyde Park Ave #215
CITY-ST-ZIP: Tampa, FL 33606

TITLE: Secretary/Treasurer
NAME: Doug Blackmer
STREET ADDRESS: 324 S. Hyde Park Ave #215
CITY-ST-ZIP: Tampa, FL 33606

TITLE: Vice President
NAME: Andy Urso
STREET ADDRESS: 324 S. Hyde Park Ave #215
CITY-ST-ZIP: Tampa, FL 33606

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Villa President 4/30/01 813-253-0774

Date

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90204 046 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)