## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P00000084889

1. Entity Name

UNITED SOURCES, INC.



Principal Place of Business 4898B ORLEANS CT.

WEST PALM BEACH FL 33415

Mailing Address 4898B ORLEANS CT.

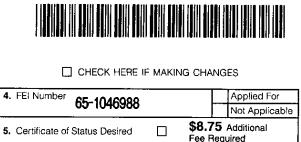
WEST PALM BEACH FL 33415

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

Zip

**FILED** Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90140 013 \*\*\*150.00



DAWKINS, SHANDRA 4898B ORLEANS CT. WEST PALM BEACH FL 33415

. 7. Name and Address of New Registered Agent	
Vame	
Street Address (P.O. Box Number is No	t Acceptable)
Dity	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.

Country

SIGNATURE

Zio

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

6. Name and Address of Current Registered Agent

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition DAWKINS, SHANDRA NAME NAME STREET ADDRESS 4898B ORLEANS CT. STREET ADDRESS WEST PALM BEACH FL 33415 CITY-ST-ZIP CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME WAGLEY, JANE NAME STREET ADDRESS 4898B ORLEANS CT. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33415 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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:

3-10-03 561-848-8383

(10/02)CR2E034