

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P01000014101

1. Entity Name

UK SERVICES, INC.



FILED

04 MAR -9 AM 7:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
1034 BRANCHWOOD DR.
APOPKA FL 32702

Mailing Address
1034 BRANCHWOOD DR.
APOPKA FL 32702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

59-3695485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLIDAY, JOHN
1034 BRANCHWOOD DR.
APOPKA FL 32702

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN HALLIDAY

1-3-2004

Date

407-808-8150

Daytime Phone #

UK SERVICES INC
1034 BRANCHWOOD DRIVE
APOPKA, FL 32703

TO WHOM IT MAY CONCERN

I RESPECTFULLY REQUEST THAT THE \$600.00 REINSTATEMENT FEE BE WAIVED.

AT THE TIME THAT I FORMED THE CORPORATION, NOTHING WAS SAID ABOUT A REOCCURRING YEARLY FEE. AND ALSO DURING THE DELINQUENT YEARS, THERE IS NO RECOLLECTION OF EVER RECEIVING ANY NOTIFICATION FROM YOUR OFFICE REGARDING THE OWED FEES.

THE REINSTATEMENT OF THE CORPORATION IS IMPERATIVE, HOWEVER, THE ADDITIONAL \$600.00 FEE WOULD BRING FINANCIAL HARDSHIP TO THIS ONE MAN COMPANY AT THIS TIME.

THEREFORE, AGAIN I AM RESPECTFULLY REQUESTING THAT THE 600.00 FEE BE WAIVED.

ENCLOSED IS THE 450.00 OWED FOR THE DELINQUENT YEARS.

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT 407-808-8150.

RESPECTFULLY YOURS

John Halliday.