2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 15, 2004 8:00 am DOCUMENT # P01000016182 **Secretary of State** 1. Entity Name 03-15-2004 90070 005 \*\*\*150.00 UNDERGROUND SERVICES OF AMERICA, INC. Principal Place of Business Mailing Address 157 GREGORY PLACE 157 GREGORY PLACE 041121144 WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1093030 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIPICCIOTTO, BRANDON Street Address (P.O. Box Number is Not Acceptable) 157 GREGORY PLACE WEST PALM BEACH FL 33405 Zip Code 8. The above named entity submits this statement for the <u>purpose</u> of pranging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent RANdON dePicciotto SIGNATURE : FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE Delete TITLE Change Addition DEPICCIOTTO, BRANDON NAME NAME 157 GREGORY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP DV Delete TITLE TITLE ☐ Change Addition CLEAVELAND, LARRY NAME NAME STREET ADDRESS 157 GREGORY PLACE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP Delete TITLE DST TITLE ☐ Change ☐ Addition NAME > -SPADONI,-MARK----NAME STREET ADDRESS STREET ADDRESS 340 SW BEACHWAY AVE CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P THILE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITE.E ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

RANDON dePicciotto

changed, or on an attachment with an addr

SIGNATURE: &

FILED