


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90073 024 ***150.00

DOCUMENT # P01000034036 1. Entity Name UNITED BUILDING CORPORATION					
Principal Place of Business 1746 E. SILVER STAR RD 192 OCOEE, FL 34761 US			Mailing Address P. O. BOX 783485 WINTER GARDEN, FL 34778-3485 US		
2. Principal Place of Business - No P.O. Box # 2646 Plumerry Ave		3. Mailing Address 1746 E. Silver Star Rd			
Suite, Apt. #, etc. # 192		City & State OCOEE FL			
City & State OCOEE FL		City & State OCOEE FL		4. FEI Number 59-3736582	
Zip 34761		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLACK, C.J. 12327 W. COLONIAL DR. WINTER GARDEN, FL 34787			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME NORRIS, T.F. STREET ADDRESS 12327 W. COLONIAL DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME NORRIS, T.F. STREET ADDRESS 12327 W. COLONIAL DR. CITY-ST-ZIP WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>T.F. Norris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-28-07</u> <u>401905.0072</u> <small>Date Daytime Phone #</small>		