

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90223 033 ***150.00

DOCUMENT # P01000088246

1. Entity Name

UNITED ELEVATOR CAB & ACCESSORIES, INC.



Principal Place of Business

937 BULKHEAD RD.
GREEN COVE SPRINGS FL 32043

Mailing Address

937 BULKHEAD RD.
GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

1011 BULKHEAD RD

Suite, Apt. #, etc.

3. Mailing Address

1011 BULKHEAD RD.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
GREEN COVE SPRINGS, FL

City & State
GREEN COVE SPRINGS, FL

4. FEI Number
59-3744988

Applied For
☐ Not Applicable

Zip
32043

Country
US

Zip
32043

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, RICHARD K ESQ
501 WEST BAY ST.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
JONES, RICHARD K. ESQ

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, 2003 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, A. JOSEPH
937 BULKHEAD RD.
GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, A. JOSEPH
1011 BULKHEAD RD.
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, RICHARD K
1599 SCOTT RD.
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILSON, RICHARD K.
1011 BULKHEAD RD.
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: A. JOSEPH SMITH **SIGNATURE REQUIRED** A. JOSEPH SMITH 4/15/03 904-284-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)