## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P01000114114 1. Entity Name 04-23-2002 90371 045 \*\*\*150 UNITED BUILDING SERVICES, INC Principal Place of Business Mailing Address 5970 WESTFALL ROAD 5970 WESTFALL ROAD LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 01-05538 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRANNON, TERRELL W 5970 WESTFALL ROAD LAKE WORTH FL 33463 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE **PVST** NAME NAME BRANNON, TERRELL W STREET ADDRESS STREET ADDRESS 5970 WESTFALL ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME **BRANNON, TERRELL W** STREET ADDRESS STREET ADDRESS 5970 WESTFALL ROAD CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 \_\_\_Change Addition Delete -JITLE-TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

SIGNATURE:

FILED