


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90315 045 \*\*\*150.00

DOCUMENT # *P02000007490* (L)

1. Entity Name  
*United Investment & Development Corporation*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*5460 N. State Rd. 7*

3. Mailing Address  
*5460 N. State Rd. 7*

Suite, Apt. #, etc.  
*Suite 217*

City & State  
*Fort Lauderdale, Florida*

Zip  
*33319*

Country  
*U.S.A*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*30-0029226*

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Paul Blythe*

Street Address (P.O. Box Number is Not Acceptable)  
*1225 N.W. 14 Ct*

City  
*Fort Lauderdale*

FL Zip Code  
*33311*

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]* *PAUL BLYTHE* DATE *9.1.03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President and Director Paul Blythe 1225 N.W. 14 Ct Fort Lauderdale, FL 33311</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President and Director Neville Blythe 1402 Victoria Isle Dr. Weston, FL 33327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Exec. Secretary and Director Eric Blythe 1402 Victoria Isle Dr. Weston, FL 33327</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *PAUL BLYTHE* DATE *9.1.03* *954-709-9861*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

80145905  
# PD 2002007490

# UNITED INVESTMENT & DEVELOPMENT CORP.

September 5, 2003

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sir/Madam,

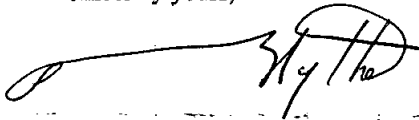
**Re: Uniform Business Report**

The subject report was not filed on time with your office due to the fact that we did not receive from your office the relevant information required to file same on time. This unfortunate situation came about as a result of our offices being relocated to the address at the bottom of our letterhead, whereas the information was apparently mailed to our old address and not forwarded to our new address.

We ask that any late fees that may be applied as a result of this delay be waived.

Your assistance is greatly appreciated.

Sincerely yours,



Paul Blythe  
PRESIDENT

Postal address: 5460 N. State Rd. 7, Suite 217, Fort Lauderdale, FL 33319  
Phone: (954) 733-9100 Fax: (954) 731-9990  
E-mail: blythep@bellsouth.net