

DOCUMENT # P02000040438

1. Entity Name
UNITED OFFICE SERVICES, INC.



FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 011 ***150.00

Principal Place of Business
2911 WEST ARCH STREET
TAMPA, FL 33607

Mailing Address
2911 WEST ARCH STREET
TAMPA, FL 33607

2. Principal Place of Business
13161 56th court
Suite, Apt. #, etc.
ste 203

3. Mailing Address
13161 56th court
Suite, Apt. #, etc.
ste 203



08092005 Chg-P CR2E034 (10/03)

City & State
Clearwater FL
Zip 33760 Country USA

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Clearwater FL
Zip 33760 Country USA

4. FEI Number
75-3042182
Applied For

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

6. Name and Address of Current Registered Agent

MORFIN, IRMA Y
2911 WEST ARCH STREET
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name
ERIC Schafer
Street Address (P.O. Box Number is Not Acceptable)
13161 56th court # 203
City Clearwater FL Zip Code 33760

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, 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 8/9/05

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MORFIN, IRMA Y
STREET ADDRESS 2911 W. ARCH
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

TITLE VP
NAME SCHAFFER, ERIC E
STREET ADDRESS 13161 56TH COURT
CITY-ST-ZIP CLEARWATER, FL 33760 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐

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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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.

8/9/05