

FILED
Jun 25, 2003 8:00 am
Secretary of State

05-13-2003 90055 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000040438

1. Entity Name
UNITED OFFICE SERVICES, INC.



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

Mailing Address
2911 WEST ARCH STREET
TAMPA, FL 33607

55049828

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 753042182

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Irma Y. Morfin

(NOTE: Registered Agent signature required when changing)

4/15/03

DATE

FILED NOV 18, 2003 FEB 15, 2004
After May 15, 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	☐ Delete
President	Irma Y. Morfin	2911 W Arch	Tampa FL 33607	☐
				☐
				☐
				☐
				☐
				☐

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)(f), 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 line empowered.

SIGNATURE:

Irma Y. Morfin

4/15/03

(813) 404-4487

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2034 (10/02)