

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90218 015 ***150.00

DOCUMENT # P02000055056

1. Entity Name

UBISERV, INC.



Principal Place of Business

5370 CLARK ROAD
SUITE A
SARASOTA FL 34233-3227
US

Mailing Address

5370 CLARK ROAD
SUITE A
SARASOTA FL 34233-3227
US

2. Principal Place of Business

5342 CLARK Rd

3. Mailing Address

5342 CLARK Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL 342

City & State

SARASOTA FL

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

6. Name and Address of Current Registered Agent

FRENZ, WALTER A

5370 CLARK ROAD 5342 CLARK ROAD
SUITE A
SARASOTA FL 34233

7. Name and Address of New Registered Agent

Name FRENZ, WALTER A.

Street Address (P.O. Box Number is Not Acceptable)

5342 CLARK Rd

City SARASOTA

FL

Zip Code 34233

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)

4/19/2005
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE P
NAME FRENZ, WALTER A ☐ Delete
STREET ADDRESS 5370 CLARK ROAD
CITY-ST-ZIP SARASOTA FL 34233-3227

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME FRENZ, WALTER A.
STREET ADDRESS 5342 CLARK Rd
CITY-ST-ZIP SARASOTA FL 34233

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

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

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

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER A. FRENZ 4-19-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #