



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91025 008 ***150.00

DOCUMENT # P02000098967					
1. Entity Name UNITED CAPITAL SERVICES, INC.					
Principal Place of Business 3749 D GULF BREEZE PKWY #169 GULF BREEZE, FL 32563			Mailing Address 3749 D GULF BREEZE PKWY #169 GULF BREEZE, FL 32563		
2. Principal Place of Business 3457 NAVARRE PKWY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 5382 Suite, Apt. #, etc.			
City & State NAVARRE, FL		City & State NAVARRE, FL		4. FEI Number 74-3063097	
Zip 32566		Country Santa Rosa		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY E. CORVIN, JR. 3749D GULF BREEZE PWKY#169 GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent Name: <u>Stanley E. Corvin, Jr.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1410 Sound Forest Drive</u> City: <u>Gulf Breeze, FL</u> <u>FL</u> Zip Code: <u>32563</u>			
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: <u>Stanley E. Corvin, Jr.</u> STANLEY E. CORVIN, JR - PRES. 4/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CORVIN, STANLEY JR 3749 D GULF BREEZE PKWY #169 GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORVIN, STANLEY E. JR 1410 Sound Forest Dr. Gulf Breeze, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Stanley E. Corvin, Jr.</u> STANLEY E. CORVIN, JR 4/22/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

850/515-0001