

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90014 028 ***150.00

DOCUMENT # P02000134233

1. Entity Name
U.O.S. PROPERTIES, INC.



Principal Place of Business
333 THIRD AVE N
ST PETERSBURG, FL 33701

Mailing Address
333 THIRD AVE N
ST PETERSBURG, FL 33701



02192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1148460

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WINNER, HAROLD J
333 THIRD AVE N
ST PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WINNER, HAROLD J
STREET ADDRESS	333 THIRD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	FIGLEWSKI, JOHN
STREET ADDRESS	333 THIRD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	D
NAME	BARDIN, C. PETER
STREET ADDRESS	333 THIRD AVE N
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles P. Bardin 3/4/04 527 898 2265