

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90173 024 ***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
PO BOX 30707
TAMPA, FL 33630



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-P

CR2E034 (12/06)

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~~

7. Name and Address of New Registered Agent

Name

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

12450 ROOSEVELT BOULEVARD

City

FL

Zip Code
33716

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]

Harold J. Winner

4/25/08

Signature, type 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, 2008 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	WINNER, HAROLD J	
STREET ADDRESS	333 THIRD AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, CATHY P	
STREET ADDRESS	333 THIRD AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARDIN, C. PETER	
STREET ADDRESS	333 THIRD AVE N	
CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANSON, CATHY P	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SWANSON, CATHY P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 ROOSEVELT BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 ROOSEVELT BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	12450 ROOSEVELT BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNBAR, DAVID	
STREET ADDRESS	12450 ROOSEVELT BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE	O	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL JOHNSON	
STREET ADDRESS	12450 ROOSEVELT BOULEVARD	
CITY-ST-ZIP	ST. PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

727

824-8744

Daytime Phone #