

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000084397**

1. Entity Name  
U.R. INC.



Principal Place of Business  
1726 FIDDLER'S RIDGE DRIVE  
ORANGE PARK, FL 32003

Mailing Address  
1726 FIDDLER'S RIDGE DRIVE  
ORANGE PARK, FL 32003



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2378767</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

RUANGSORN, UDORN  
1726 FIDDLER'S RIDGE DRIVE  
ORANGE PARK, FL 32003

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UD00000272546  
03/22/05-80011-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RUANGSORN, UDORN
STREET ADDRESS	1726 FIDDLER'S RIDGE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	V
NAME	RUANESORN, KA
STREET ADDRESS	1726 FIDDLERS RIDGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RUANGSORN, UDORN PD

3-21-05 904-505-9488