

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90004 019 ***150.00

DOCUMENT # P03000112178

1. Entity Name
UNITED TELEPHONE SOLUTIONS, INC.



Principal Place of Business
7129 COMMERCIAL WAY, U.S. HWY 19
WEEKI WACHEE, FL 34613

Mailing Address
7129 COMMERCIAL WAY, U.S. HWY 19
WEEKI WACHEE, FL 34613

50020251



03132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0299253

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REPAIR TECHNOLOGIES, INC.
7129 COMMERCIAL WAY, U.S. HWY 19
WEEKI WACHEE, FL 34613

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BERUBE, TODD
STREET ADDRESS 14209 TACYO DR.
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE CEO
NAME CRAVENER, FRED
STREET ADDRESS 4000 MARINE PKWY
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE CFO
NAME MURCHIO, ANTHONY
STREET ADDRESS 15056 ECKERLY DRIVE
CITY-ST-ZIP BROOKSVILLE, FL 34614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

852-596-9421