


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 040 ***150.00

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|---|--|--|--|--|--|
| DOCUMENT # P04000002274 1. Entity Name UNITED INDUSTRIAL INVESTMENTS, INC. | | | |  | |
| Principal Place of Business 32801 US HWY 19N, STE 100 PALM HARBOR, FL 34684 US | | | Mailing Address 32801 US HWY 19N, STE 100 PALM HARBOR, FL 34684 US | | |
| 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 | 4. FEI Number 20-0537615 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent UCC FILING & SEARCH SERVICES INC. 1574 VILLAGE SQUARE BLVD SUITE #100 TALLAHASSEE, FL 32309 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | CEO PLANES, WILLIAM SR. <input type="checkbox"/> Delete 32801 US HWY 19 N. STE. 100 PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition DIR, TREAS WILLIAM PLANES II <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32801 US HWY 19 N. PALM HARBOR, FL 34684 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PLANES, WILLIAM II <input type="checkbox"/> Delete 328-1 US HWY 19 N. SUITE #100 PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PLANES, REGINA M <input type="checkbox"/> Delete 32801 US HWY 19 N. STE 100 PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S WHITE, LANGFRED W <input type="checkbox"/> Delete 32815 US HWY 19 N. PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V1 AIELLO, PAUL <input type="checkbox"/> Delete 32801 US HWY 19 N SUITE 100 PALM HARBOR, FL 34684 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V2 BROWN, SHEAWN <input type="checkbox"/> Delete 32801 US HWY 19 N SUITE 100 PALM HARBOR, FL 34684 | | 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 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 | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |

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