

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094640

Entity Name: U.G. SPECIALIST, INC

FILED
Aug 03, 2005
Secretary of State

Current Principal Place of Business:

1842 LEAFY RD
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

15150 ORANGE AVE
FORT PIERCE, FL 34945

Current Mailing Address:

1842 LEAFY RD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

P.O. BOX 881342
PORT SAINT LUCIE, FL 34988

FEI Number: 20-1294589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, WILLIAM
1842 LEAFY RD
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: JACKSON, WILLIAM
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: P () Delete
Name: GAMBINO, JOSEPH A
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: V () Delete
Name: SECA, MAURO
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: T () Delete
Name: COFFEY, DAN
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

Title: S () Delete
Name: POWER, CHRISTOPHER
Address: PO BOX 881342
City-St-Zip: PORT SAINT LUCIE, FL 34988

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER POWER

S

08/03/2005

Electronic Signature of Signing Officer or Director

Date