

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 22 PM 4: 26

FLORIDA STATE  
TALLAHASSEE, FLORIDA



09052008 Chg-P CR2E034 (12/06)

4. FEI Number ☐ Applied For  
☐ Not Applicable

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

**DOCUMENT # P07000056178**

1. Entity Name  
**UNITED R US INC**



Principal Place of Business  
**290 TALL OAK TRAIL  
TARPON SPRINGS, FL 34688**

Mailing Address  
**P O BOX 309  
TARPON SPRINGS, FL 34688**

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

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

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

**MEGALA, SABRY  
7002 SR 54  
NEW PORT RICHEY, FL 34658**

**7. Name and Address of New Registered Agent**

Name  
**Paul Jallo**

Street Address (P.O. Box Number is Not Acceptable)  
**290 Tall Oak Trail**

City  
**Tarpon Springs**

State  
**FL**

Zip Code  
**34688**

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 *Paul Jallo* DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE **P** ☒ Delete  
NAME **MEGALA, SABRY**  
STREET ADDRESS **P O BOX 309**  
CITY - ST - ZIP **TARPON SPRINGS, FL 34688**

TITLE **D** ☐ Delete  
NAME **JALLO, PAUL**  
STREET ADDRESS **290 TALL OAK TRAIL**  
CITY - ST - ZIP **TARPON SPRINGS, FL 34688**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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: *Sabry Megala* Sabry Megala  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #