

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000083658

Entity Name: UNITED ONE SOLUTIONS, INC.

FILED
Sep 08, 2009
Secretary of State

Current Principal Place of Business:

613 NW 21ST AVE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 956
FORT LAUDERDALE, FL 33302

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEROME, LESLY
613 NW 21ST AVE
POMPANO BEACH, FL 33069 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: P () Delete
Name: JEROME, LESLY
Address: 613 NW 21ST AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP () Delete
Name: JEROME, VINCE
Address: 613 NW 21ST AVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: DI () Delete
Name: PEUGERO, DAN
Address: 112 WEST OCEAN DR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SE () Delete
Name: CHARLES, WILSON
Address: 4261 WEST MC NAB RD APT#33
City-St-Zip: POMPANO BEACH, FL 33069

Title: TR () Delete
Name: LAFOND, FRITZ
Address: 112 WEST OCEAN DR
City-St-Zip: BOYNTON BEACH, FL 33426

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 exemption stated 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 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: LESLY JEROME

P

09/08/2009

Electronic Signature of Signing Officer or Director

Date