

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000012967

1. Entity Name

UNITED PURCHASING AFFILIATES, INC.



Principal Place of Business

1101 CORNWALL RD  
SANFORD, FL 32773

Mailing Address

1101 CORNWALL RD  
SANFORD, FL 32773

**DO NOT WRITE IN THIS SPACE**

EN  
VEI  
VOI  
G/L

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90070 001 \*\*\*300.00

APF

**66002062**



01312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3166544

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

CORP, WILLIAM T SR  
1101 CORNWALL RD  
SANFORD, FL 32773

**DO NOT WRITE  
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, 2007 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	CORP, WILLIAM SR.
STREET ADDRESS	1101 CORNWALL RD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	V
NAME	CORP, WILLIAM JR.
STREET ADDRESS	1101 CORNWALL RD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	V
NAME	CORP, DOUGLAS M
STREET ADDRESS	1101 CORNWALL RD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	ST
NAME	CORP, SHIRLEY F
STREET ADDRESS	1101 CORNWALL RD.
CITY-ST-ZIP	SANFORD, FL 32773
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

2/9/07

Date

4073236250

Daytime Phone #