

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90127 047 ***150.00

DOCUMENT # P93000068866

1. Corporation Name

UNITED GAME SOURCE, INC.



Principal Place of Business

232 E. EAU GALLIE BLVD.
UNIT 103/104
INDIAN HARBOUR BEACH FL 32937
US

Mailing Address

232 E. EAU GALLIE BLVD.
INDIAN HARBOUR BEACH FL 32937
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

59-3204315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☒ Yes ☐ No

2. Principal Place of Business

21 254 E. EAU GALLIE BLVD

2a. Mailing Address

26 80 Box 244

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 INDIAN HARBOUR BEACH FL

City & State

28 MARLTON N.J

Zip Country

24 32937 25 US

Zip Country

29 08053 30 US

9. Name and Address of Current Registered Agent

MARY ELLEN T. LONG
469 SHERIDAN AVENUE
SATELLIE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name

JAMES J. PETERSON

82 Street Address (P.O. Box Number is Not Acceptable)

1348 HILIAS ST. NW

83

84 City

PALM BAY

FL

85 Zip Code

32907

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James J. Peterson*
Signature, typed or printed name of registered agent and title if applicable

- JAMES J. PETERSON

3/10/99

(NOTE: Registered Agent Signature required when re-registering)

DA11

12. OFFICERS AND DIRECTORS

TITLE	PM	<input type="checkbox"/> DELETE
NAME	PETERSON, JAMES J	
STREET ADDRESS	1348 HILIAS ST NW	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LONG, MARY E	
STREET ADDRESS	469 SHERIDAN AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LONG, JORY L.	
STREET ADDRESS	469 SHERIDAN AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STIMUS, DEANNA	
STREET ADDRESS	1194 BAY DR EAST	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	S GAUVIN, ARTHUR W.
43 STREET ADDRESS	181 ANDALUSIA RD.
44 CITY-ST-ZIP	PALM BAY, FL 32957
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	LUNDEN, CHRISTOPHER
53 STREET ADDRESS	313 HAVERFORD CR. NE
54 CITY-ST-ZIP	PALM BAY FL 32937
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	HJELM, JESSE
63 STREET ADDRESS	300 COLUMBIA DR.
64 CITY-ST-ZIP	CAPE CANAVERAL FL 32920

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James J. Peterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- JAMES J. PETERSON

Date

Daytime Phone #

3/10/99 407-779-1100

CR2E034 (11/98)