

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068866

1. Entity Name

UNITED GAME SOURCE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90014 014 ***150.00

Principal Place of Business

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

Mailing Address

P.O. BOX 244
MARLTON NV 08053-0244
US

2. Principal Place of Business

256 E. EAU GALLIE BLVD

3. Mailing Address

469 SHERIDAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BEACH, FL.

City & State

SATELLITE BEACH FL.

Zip

32937

Country

US

Zip

32937

Country

US

4. FEI Number

59-3204315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, JAMES J
1348 HILIAS ST. NW
PALM BAY FL 32907

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PM
NAME PETERSON, JAMES J
STREET ADDRESS 1348 HILIAS ST NW
CITY-ST-ZIP PALM BAY FL

☐ Delete

TITLE TD
NAME LONG, MARY E
STREET ADDRESS 469 SHERIDAN AVE
CITY-ST-ZIP SATELLITE BEACH FL 32937

☐ Delete

TITLE VD
NAME LONG, JORY L.
STREET ADDRESS 469 SHERIDAN AVENUE
CITY-ST-ZIP SATELLITE BEACH FL 32937

☐ Delete

TITLE S
NAME GAUVIN, ARTHUR W
STREET ADDRESS 181 ANDALUSIA RD
CITY-ST-ZIP PALM BAY FL 32957

☒ Delete

TITLE V
NAME LUNDEN, CHRISTOPHER
STREET ADDRESS 318 HOVERFORD CR. NE
CITY-ST-ZIP PALM BAY FL 32937

☒ Delete

TITLE V
NAME HJELM, JESSE
STREET ADDRESS 300 COLUMBIA DR.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 65 ANCHOR DR.
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME HJELM, JESSE
STREET ADDRESS 1555 MERCURY ST.
CITY-ST-ZIP MERRITT ISLAND FL

☒ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Peterson* 3.20.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-779-1100

CR2E034 (9/99)