

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067537

1. Entity Name

U.T.S., INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90001 031 ***150.00

Principal Place of Business

Mailing Address

C/O 5770 N MILITARY TRAIL
5335 N MILT. #30
WEST PALM BEACH FL 33407
US

BOX 11298
RIVIERA BCH FL 33419-1298
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0520347

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHEATHAM, WILLIAM W
911 N 2ND ST
FORT PIERCE FL 34950

Name

Street Address (P.O. Box Numbers Not Acceptable)

120 So Parrott Av

City

Okeechobee

FL

34974

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS CHEATHAM, WILLIAM W
CITY-ST-ZIP 911 N 2ND ST
FORT PIERCE FL 34950

TITLE ☒ Change ☐ Addition
NAME 120 So Parrott Av
STREET ADDRESS
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☐ Delete
NAME P
STREET ADDRESS SALMON, NITA
CITY-ST-ZIP 911 N 2ND ST
FORT PIERCE FL 34950

TITLE ☒ Change ☐ Addition
NAME 120 S. Parrott Av
STREET ADDRESS
CITY-ST-ZIP Okeechobee, FL 34974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 8637633617
Date Daytime Phone #