

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000067537

1. Entity Name
U.T.S., INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90112 042 ***150.00

Principal Place of Business

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

Mailing Address

BOX 11298
RIVIERA BCH FL 33419
US

00009559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 PARKLAND BL

Suite, Apt. #, etc.

Ft. Pierce

City & State

FL

3. Mailing Address

1401 PARKLAND BL

Suite, Apt. #, etc.

Ft. Pierce

City & State

FL

4. FEE Number 65-0520347

Applied For
Not Applicable

Zip 34982

Country USA

Zip 34982

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHEATHAM, WILLIAM W
120 S PARROTT AVE
OKEECHOBEE FL 34974

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | CHEATHAM, WILLIAM W | |
| STREET ADDRESS | 120 PARROTT AVE | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SALMON, NITA | |
| STREET ADDRESS | 120 PARROTT AVE | |
| CITY-ST-ZIP | OKEECHOBEE FL 34974 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------|--|
| TITLE | Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Cheatham, W. | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Pres | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Salmon, Nita | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

N Salmon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/01 863 763 3610

CR2E034 (10/00)