

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90025 006 ***150.00

DOCUMENT # P94000089202

1. Entity Name
UHL BUSINESS SERVICES, INC.

Principal Place of Business

**6106 BLAKEFORD DRIVE
WINDERMERE FL 34786
US**

Mailing Address

**6106 BLAKEFORD DRIVE
WINDERMERE FL 34786
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0547027**

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

**LORI UHL BRAND
3300 EVENTIDE PLACE
STUART FL 34994**

Name **LORI UHL BRAND**
Street Address (P.O. Box Number is Not Acceptable)
6106 BLAKEFORD DRIVE
City **WINDERMERE** FL Zip Code **34786**

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 LORI U BRAND, PRESIDENT Lori U Brand 1/30/2002
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, 2002 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 **P** ☐ Delete
NAME **BRAND, LORI U**
STREET ADDRESS **3300 EVENTIDE PLACE**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition
NAME **6106 BLAKEFORD DRIVE**
STREET ADDRESS **WINDERMERE, FLORIDA 34786**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PATRICIA DE RUBERTIS**
STREET ADDRESS **3300 EVENTIDE PL**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☒ Change ☐ Addition
NAME **109 MAIN STREET**
STREET ADDRESS **WINDERMERE, FLORIDA 34786**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: LORI UHL BRAND PRES 1/30/2002 407-876-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)