

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

FILED
Jul 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000083645 (8)**
1. Corporation Name
UNITED CHAMBER SERVICES, INC

Principal Place of Business Mailing Address **SAME**
747 N. FEDERAL HWY
STUART, FL 34994

2. Principal Place of Business 21 747 N. FEDERAL Suite, Apt. #, etc. 22 STUART, FL City & State 23 Zip 24 34994 Country 25 USA	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/27/95	Applied for Not Applicable
4. FEI Number 65-0625056	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

MARY ELLEN CROTEAU
8729 SE WOODWIND ST.
HOBE SOUND, FL, 33455

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

Signature of agent or proposed name of registered agent and Florida Department of State

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - TREAS	☐ DELETE
NAME	KEITH CROTEAU	
STREET ADDRESS	8729 SE WOODWIND ST	
CITY - ST - ZIP	HOBE SOUND, FL 33455	
TITLE	VP - SECRETARY	☐ DELETE
NAME	MARY ELLEN CROTEAU	
STREET ADDRESS	8729 SE WOODWIND ST	
CITY - ST - ZIP	HOBE SOUND	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

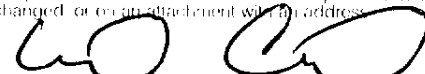
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

800002594458
-07/21/98--01092--023
*****150.00**

800002594458
-07/21/98--01092--022
*****8.75**

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 this address.

SIGNATURE:  **KEITH CROTEAU** **6/1/98** **561-692-2862**

CR2E034 (10/97)