

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90130 012 ***150.00

DOCUMENT # P96000023275

1. Entity Name
U.V. PROPERTIES, INC.



Principal Place of Business

Mailing Address

~~10225 ULMERTON RD~~ 455 N. Indian Rocks ~~10225 ULMERTON RD~~ 455 N. Indian Rocks N
~~STE 3D~~ SKB ~~STE 3D~~ SKB
~~LARGO, FL 33771~~ US Belleair Bluffs ~~LARGO, FL 33771~~ US Belleair Bluffs
FL 33770 FL 33770

54053289



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3372549

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | D |
| NAME | VELTMAN, DAVID M |
| STREET ADDRESS | 10225 ULMERTON RD #3D 455 N. Indian Rocks Rd |
| CITY - ST - ZIP | LARGO, FL 33771 SKB Belleair Bluffs FL 33770 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 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

David M Veltman 4/30/04 (727) 584-7141

Date

Daytime Phone #