

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000101643

1. Entity Name  
UNITED ASSOCIATION SERVICES, INC.



FILED

05 APR 15 AM 9:47

Principal Place of Business  
116 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

Mailing Address  
POST OFFICE BOX 1303  
TALLAHASSEE, FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3414490

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STAHL, THOMAS W  
116 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name Karen E. Phillips  
Street Address (P.O. Box Number is Not Acceptable)  
116 S. Monroe St.  
City Tallahassee FL Zip Code 32301

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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                       | <input type="checkbox"/> Delete |
| NAME           | STAHL, THOMAS           |                                 |
| STREET ADDRESS | 116 SOUTH MONROE STREET |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301   |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | PHILLIPS, KAREN         |                                 |
| STREET ADDRESS | 116 SOUTH MONROE STREET |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301   |                                 |
| TITLE          | D                       | <input type="checkbox"/> Delete |
| NAME           | LOZANO, LANCE           |                                 |
| STREET ADDRESS | 116 SOUTH MONROE STREET |                                 |
| CITY-ST-ZIP    | TALLAHASSEE, FL 32301   |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |   |
|----------------|----------------------|---|
| 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           | 100053932921         |   |
| STREET ADDRESS | 05/06/05--01007--017 |   |
| CITY-ST-ZIP    | **150.00             |   |
| 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    |                      |   |

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-05

850-681-6265

Thomas W. Stahl

MW