


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90020 013 ***158.75

DOCUMENT # P99000013305

1. Entity Name
UNITED CAPITAL GROUP OF FLORIDA, INC.



Principal Place of Business Mailing Address

~~81 MATTHEW BLVD.~~
 DESTIN FL 32541

~~81 MATTHEW BLVD.~~
 DESTIN FL 32541



2. Principal Place of Business 3. Mailing Address

3252 BURN PINE COVE **3252 BURN PINE COVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Marianna Beach **Marianna Beach**

Zip **32550** Country **USA** Zip **32550** Country **USA**

4. FEI Number Applied For

59-3559692 Not Applicable

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

6. Name and Address of Current Registered Agent

LIPTON, RICHARD
81 MATTHEW BLVD
DESTIN FL 32541

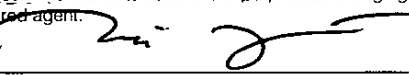
7. Name and Address of New Registered Agent

Name **Richard Lipton**

Street Address (P.O. Box Number is Not Acceptable)
3252 BURN PINE COVE

City **Marianna Beach** FL Zip Code **32550**

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  **Richard Lipton** **2.25.06**

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

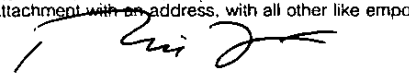
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	LIPTON, RICHARD 81 MATTHEW BLVD. 3252 DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **Richard Lipton** **2.25.06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **850-750-1214**