

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
 03-06-2002 90112 026 ***150.00

DOCUMENT # P99000109022

1. Entity Name
UNITED SOLUTIONS, INC.

Principal Place of Business Mailing Address
440 N. MONROE ST. 440 N. MONROE ST.
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301

2. Principal Place of Business 3. Mailing Address
1648 Metropolitan CR P.O. Box 5887
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2nd Flr

City & State City & State
Tallahassee FL Tallahassee FL
 Zip Country Zip Country
32308 USA 32314 USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, F. PALMER 2010 DELTA BLVD. TALLAHASSEE FL 32303		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code	
		FL	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CROMER, RAY E JR	NAME	DIRECTOR
STREET ADDRESS	1605-102 E. PLAZA DR.	STREET ADDRESS	MARION Mc Caskey
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	1449 Miccosukee Rd
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D FYE, RONALD W	NAME	OFFICER - VICE PRES
STREET ADDRESS	2330 MAHAN DR.	STREET ADDRESS	DAVID J. Lesko
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	1648 Metropolitan Circle-2nd Flr
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MIMS, RANDALL J	NAME	
STREET ADDRESS	431 S. WOODWARD AVE.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ENFINGER, WILLIAM C	NAME	
STREET ADDRESS	303 E. WASHINGTON ST.	STREET ADDRESS	
CITY-ST-ZIP	CHATTAHOOCHEE FL 32324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CLARK, DAN	NAME	
STREET ADDRESS	580 S. APPLEYARD DR.	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LECAIN, MARK	NAME	
STREET ADDRESS	1400 EAST PARK AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	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: _____ DATE: **1-9-02** DAYTIME PHONE #: **915-0349**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)