

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90037 021 ***150.00

DOCUMENT # P99000110103

1. Entity Name
UNITED SETTLEMENT SERVICE AFFILIATES, INC.



Principal Place of Business
**6544 US 41 NORTH STE 208B
APOLLO BEACH, FL 33572**

Mailing Address
**6544 US 41 NORTH STE 208B
APOLLO BEACH, FL 33572**

90037000



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3612763

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VANDERMAST, LEONARD III
6213 MARBELLA BLVD
APOLLO BEACH, FL 33572**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **VANDERMAST, LEONARD**
STREET ADDRESS **6213 MARBELLA BLVD**
CITY-ST-ZIP **APOLLO BEACH, FL 33572**

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/9/06

813-645-4588