

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26287 (0)

1. Corporation Name

UBAC FL, INC.



Principal Place of Business

%DATA PROCESSING & CENT. RECS.
P.O. BOX 850880
BRAINTREE MA 02185-0880

Mailing Address

%DATA PROCESSING & CENT. RECS.
P.O. BOX 850880
BRAINTREE MA 02185-0880

3. Date Incorporated or Qualified
01/22/1991

3a. Date of Last Report
06/20/1995

4. FEI Number

58-1928668

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 9. Name and Address of Current Registered Agent

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

10. Name and Address of New Registered Agent

PRENTICE HALL CORPORATION SYSTEM INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

81. Name

CT CORPORATION SYSTEM

82. Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

83. City

PLANTATION

84. State

FL

85. Zip Code

33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

SEE ENCLOSED RECORDS OF FILING ON 12/5/95

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
12.1 TITLE	DP	<input type="checkbox"/> DELETE
12.2 NAME	MILLARD, DONALD A. JR	
12.3 STREET ADDRESS	116 LUNDQUIST DR	
12.4 CITY, ST, ZIP	BRAINTREE MA	
12.1 TITLE	D	<input type="checkbox"/> DELETE
12.2 NAME	MILLARD, DAVID	
12.3 STREET ADDRESS	116 LUNDQUIST DR	
12.4 CITY, ST, ZIP	BRAINTREE MA	
12.1 TITLE	SD	<input type="checkbox"/> DELETE
12.2 NAME	MILLARD, JOHN D.	
12.3 STREET ADDRESS	116 LUNDQUIST DR	
12.4 CITY, ST, ZIP	BRAINTREE MA	
12.1 TITLE	T	<input type="checkbox"/> DELETE
12.2 NAME	MASON, JOHN B.	
12.3 STREET ADDRESS	116 LUNDQUIST DR	
12.4 CITY, ST, ZIP	BRAINTREE MA	
12.1 TITLE		<input type="checkbox"/> DELETE
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY, ST, ZIP		
12.1 TITLE		<input type="checkbox"/> DELETE
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John B. Mason
TREASURER

1/24/96 (617) 848-1400

CR2E034 (12/95)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: _____

UBAC FL, Inc.

1b. Date of incorporation 1/22/91

Document number 626287

2. The name and address of the current registered agent and office:

Prentice-Hall Corporation System, Inc.

1201 Hays Street, Suite 105, Tallahassee, FL 32301

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

John B. Mason
SIGNATURE

DATE

JOHN B. MASON, TREASURER
Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE BY: *John B. Mason* C T CORPORATION SYSTEM
(Registered Agent) JOHN B. KREATZ
DATE Nov 29, 1995 SPECIAL ASST. SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314