

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S26287

1. Entity Name
UBAC FL, INC.Principal Place of Business
4738 DISTRIBUTION DRIVE
TAMPA FL 33605
US
Mailing Address
6DATA PROCESSING & GENT. RECS.
P.O. BOX 850880
BRAINTREE MA 02185-0880

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

4. FEI Number 58-1928668
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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

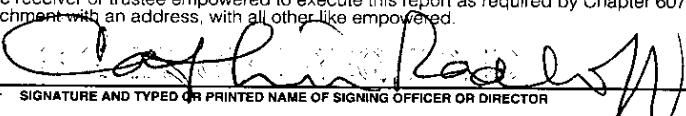
11. OFFICERS AND DIRECTORS

TITLE **DP** Delete
NAME MILLARD, DONALD A. JR
STREET ADDRESS 116 LUNDQUIST DR
CITY-ST-ZIP BRAINTREE MA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** Delete
NAME MILLARD, DAVID
STREET ADDRESS 116 LUNDQUIST DR
CITY-ST-ZIP BRAINTREE MATITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** Delete
NAME RADLOFF, CATHERINE
STREET ADDRESS 64 DARTMOUTH
CITY-ST-ZIP DEDHAM MA 02026TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 848-1420
Date Daytime Phone #