

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90298 004 ***158.75

DOCUMENT # V38268

1. Entity Name
UNITED FIDELITY GROUP, INC.



Principal Place of Business
**110 S WYMORE RD
WINTER PARK FL 32789
US**

Mailing Address
**110 S WYMORE RD
WINTER PARK FL 32789
US**

2. Principal Place of Business

27714 Lake Jem Road

Suite, Apt. #, etc.

3. Mailing Address

27714 Lake Jem Road

Suite, Apt. #, etc.

City & State

Mount Dora, FL

Zip

32757

Country

USA

City & State

Mount Dora, FL

Zip

32757

Country

USA

4. FEI Number

59-3136712

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VOSE, GRETCHEN R H
2705 W FAIRBANKS AVE
WINTER PARK FL 32789**

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. 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

After May 1, 2003: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **LYBRAND, BRUCE**
STREET ADDRESS **27714 LAKE JEM RD**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **S** ☐ Delete
NAME **LYBRAND, PATRICIA**
STREET ADDRESS **27714 LAKE JEM RD**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE **P** ☐ Delete
NAME **LYBRAND, PATRICIA**
STREET ADDRESS **27714 LAKE JEM RD**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICIA C Lybrand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)