

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 341360

Entity Name: UNITED SITE SERVICES OF FLORIDA, INC.**Current Principal Place of Business:**3540 BURRIS ROAD
DAVIE, FL 33314**Current Mailing Address:**50 WASHINGTON STREET
SUITE 1000
WESTBOROUGH, MA 01581 US**FEI Number: 59-1231631****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
115 NORTH CALHOUN ST., SUITE 4
TALLAHASSEE, FL 32301 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	CARAPEZZI, RONALD
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	VP
Name	SIMONEAU, EDWARD
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	TREASURER
Name	SIMONEAU, EDWARD
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	CARAPEZZI, RONALD
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	FARRELL, JAMES
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	THUROW, ETHAN
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

Title	SECRETARY
Name	JACOBS, ADAM W
Address	50 WASHINGTON STREET SUITE 1000
City-State-Zip:	WESTBOROUGH MA 01581

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ADAM W. JACOBS**SECRETARY****04/25/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date