

2013 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:**200 FRIBERG PKWY STE 4000
WESTBOROUGH, MA 01581 US**FEI Number: 59-1231631****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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, RON
Address	200 FRIBERG PARKWAY, SUITE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	VP
Name	HOLM, MICHAEL A
Address	7451 NW 63RD STREET
City-State-Zip:	MIAMI FL 33166

Title	T
Name	SIMONEAU, ED
Address	200 FRIBERG PARKWAY, SUITE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	S
Name	D'ANNA, GAETANO
Address	200 FRIBERG PARKWAY, SUITE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	D
Name	CARAPEZZI, RON
Address	200 FRIBERG PARKWAY, SUITE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	D
Name	BRUCE, MARTIN
Address	200 FRIBERG PARKWAY, SUITE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	MASLOWE, PHILIP
Address	200 FRIBERG PKWY STE 4000
City-State-Zip:	WESTBOROUGH MA 01581

Title	DIRECTOR
Name	PETRINI, ROB
Address	200 FRIBERG PKWY STE 4000
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: GAETANO D'ANNA**SECRETARY****04/10/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date