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UNIVERSAL CONSULTING SERVICE
of Tampa

MICHAEL BURKE
President

4890 W. Kennedy Blvd., Suite 490
Tampa, FL 33609

(813) 281-2040
Fax (813) 281-1986

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

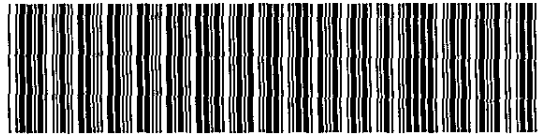
(Business Entity Name)

(Document Number)

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Resignation
of RA

11/16/04--011022--014 **35.00

FILED
04 NOV 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR
11/16/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UNIVERSAL CONSULTING SV. INC.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALTON O. HANSWIRTH JR.
(Name of Person)

UNIVERSAL CONSULTING SV. INC.
(Name of Firm/Company)

2856 STEAMSHIP CIRCLE DR. UNIT D
(Address)

MONROE, LOUISIANA 70123
(City/State and Zip Code)

For further information concerning this matter, please call:

ALTON O. HANSWIRTH JR. at (504) 831-4030
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

FILED
04 NOV 16 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned,

MICHAEL BURKE
(Name of Registered Agent)

hereby resigns as Registered Agent for

UNIVERSAL CONSULTING
(Name of Corporation)

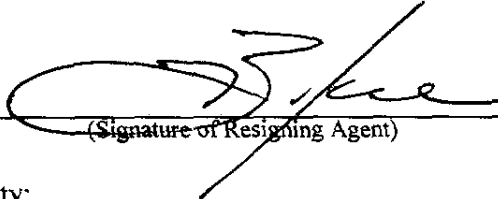
Service, Inc.

N/A

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**