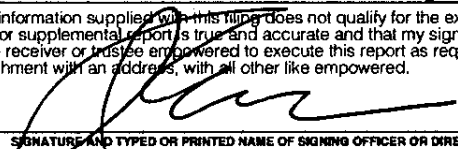


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 015 ***150.00

DOCUMENT # G75479 1. Entity Name UNIVERSITY MANAGEMENT, INC.					
Principal Place of Business 2811 SW ARCHER RD GAINESVILLE, FL 32608			Mailing Address PO BOX 143086 GAINESVILLE, FL 32608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04162004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2353066				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEBLANC, JAMES 9747 SW 32ND LANE GAINESVILLE, FL 32608			Name Street Address (P.O. Box Number is Not Acceptable) 4727 SW 103 TERRACE		
			City GAINESVILLE FL Zip Code 32608		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBLANC, JAMES E 9747 SW 32ND LANE GAINESVILLE, FL 32608	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEBLANC, VIRGINIA 9717 SW 32ND LANE GAINESVILLE, FL 32608	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLODZINSKI, ROXANNE G 2811 SW ARCHER RD OFFICE GAINESVILLE, FL 32608	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  JAMES E. LEBLANC 4/16/04 352-378-7904					