

**CORPORATION
ANNUAL REPORT
1995**

Carole B. Harrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13846 (5)

1. Corporation Name

UNIVERSAL TEXACO SERVICE, INC.

FILED
95 JUL 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

8911 S ORANGE BLOSSOM TR
ORLANDO FL 32809

Mailing Address

3324 SOUTH ORANGE AVENUE
ORLANDO FL 32806
US

3. Date Incorporated or Qualified

09/06/1989

3a. Date of Last Report

07/05/1994

4. FEI Number

59-2964503

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

9. This corporation has liability for intangible tax under G. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

TADDEI, RUBENS
3324 S ORANGE AVE
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST**
NAME **TADDEI, RUBENS**
STREET ADDRESS **3324 SOUTH ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D**
NAME **TADDEI, RUBENS**
STREET ADDRESS **3324 SOUTH ORANGE AVENUE**
CITY-ST-ZIP **ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PT** ☒ Change ☐ Addition
1.2 NAME **TADDEI, RUBENS**
1.3 STREET ADDRESS **3324 SOUTH ORANGE AVENUE**
1.4 CITY-ST-ZIP **ORLANDO, FL 32806**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **BORRELL, EDGAR**
3.3 STREET ADDRESS **3324 SOUTH ORANGE AVENUE**
3.4 CITY-ST-ZIP **ORLANDO, FL 32806**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR BORRELL

SECRETARY

Date

(Anytime Please)

(407) 851-3796