## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M00106

**DOCUMENT #** 

UNIVERSAL WARRANTY CORPORATION

1. Entity Name



**FILED** Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90184 039 \*\*\*150.00

		•		<u>15</u>					
Principal Place of Business 2090 PALM BEACH LAKES BLVD SUITE 200 W. PALM BCH. FL 33409		Mailing Address 2090 PALM BEACH LAKES BLVD SUITE 200 W, PALM BCH. FL 33409							
2. Principal Pl	ace of Business	3. Mailing Address	<del></del> -	- "	1871/877/ 311. ODYRI 37101 FIDIF ODYRO POLI		1814 B10 II <b>3</b> 18	II ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.		· ·	CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEIN	4. FEI Number 59-2413666		Applied For Not Applicable		}
Zip	Country	Zip	Country	5. Certif	icate of Status Desired [		.75 Addi Required		_
<u> </u>	6."Name and Address of Current R	egistered Agent	<b>-</b> · · · · · · · · · · · · · · · · · · ·	7. Name	and Address of New Regis	tered Age	nt		]
	***************************************		Name						١.
DEAN, PAT		Street Address		dress (P.O. Box N	s (P.O. Box Number is Not Acceptable)				
	ECHOBEE BLVD								1
WEST PAL	M BEACH FL 33409			· <del></del>			Zip Code		-
**	-		City			FL	•		]
	named entity submits this statement for ions of registered agent.	he purpose of changing its r	registered office or	registered agent, o	or both, in the State of Florida	. I am fam	iliar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	o title il applicable. (NOTE:	: Registered Agent signatu	e required when reinstation	ng)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financ Trust Fund Contribution.	ing 🗆		D May Be to Fees	
10. 52	OFFICERS AND D		11.	ADDITION	ONS/CHANGES TO OFFICER	RS AND D	RECTORS	IN 11	_[
TITLE ""	DV	<b>⊠</b> Delete	TITLE	D/V	<del></del>	X	Change	Addition	10/02
	GERSTNER, BOB		NAME STREET ADDRESS	Collins,	Harry				15
STREET ADDRESS CITY-ST-ZIP	2090 P.B. LAKES BLVD., #200 ST WEST PALM BEACH FL 33409 CT			2235 Okeechobee Blvd. West Palm Beach; FL 33409					
TITLE	DT	Delete	TITLE	D/S/T	•	5	Change	☐ Addition	8
NAME	FRYE, GLEN		NAME STREET ADDRESS	Sothen,	Julie				
	2090 P.B. LAKES BLVD., #200 WEST PALM BEACH FL 33409	•	. CITY-ST-ZIP_		echobee Blvd.	400			
CITY-ST-ZIP		Delete	TITLE	West-Path	m Beach, FL. 334		Change	Addition	
TITLE NAME	PD DEAN, PATRICIA B	C Delete	NAME	<del></del>	<del>-</del>		=	<b>'</b>	
	2235 OKEECHOBEE BLVD		STREET ADDRESS						
CITY-ST-ZIP	WEST PALM BEACH FL 33409	·	CITY-ST-ZIP				3.00		-
TITLE	DS .	Delete	TITLE	D .		*	Change	Addition	ì
NAME	BARKMAN, MICHELE		NAME Street address	Barkman,	Michele m Beach Llakes I	വാഷ	#200	ı	l
STREET ADDRESS CITY-ST-ZIP	2090 P.B. LAKES BLVD., #200 WEST PALM BCH. FL 33409		CITY-ST-ZIP			33409	#200		1
TITLE	DCFO	Delete	TITLE	Webe rai	an poccorry 12		Change	Addition	1
NAME	FRYE, GLEN	~~~~	NAME						
STREET ADDRESS	2090 PALM BEACH LAKES BLVD	F200	STREET ADDRESS						
CITY-SI-ZIP	W. PALM BCH. FL 33409		CITY-ST-ZIP				<del></del>		1
TITLE	•	☐ Delete	TITLE				] Change	Addition	
NAME			NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP						1
	certify that the information supplied with t	his filing does not qualify for	the exemption state	ed in Section 119.0	07(3)(i), Florida Statutes. I furt	ther certify	that the in	formation	1
indicated	certify (hat the information supplied with I on this report or supplemental report is in poration or the receiver or trustee empore, or on an attachment with an address, w	rue and accurate and that m vered to execute this report :	ny signature shall na as required by Char						

SIGNATURE:

SIZUATION DESILIPATETATA 3

1-20-03

<u> 361-478-2440</u>