## 2003 NOT-FOR-PROFIT CORPORATION

## FILED Jan 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N93000005573** 01-30-2003 90156 016 \*\*\*\*70.00 UNIVERSAL HIGHER DIMENSIONS, INC. Principal Place of Business Mailing Address 2429 STATE ROAD SO EAST 5164 CONROY ROAD LAKE WALES FL-93899 #1523 6250 Edgewater Dr ORLANDO FL 32811 Francy 429 2. Principal Place of Business 3. Mailing Address 6250 Edgernate 5/A M CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt.,#, etc. 300/400 City & State 4. FEI Number 59-3206901 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYWARD, RITA E Street Address (P.O. Box Number is Not Acceptable) 5164 CONROY ROAD #1523 ORLANDO FL 32811 City Zip Code 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 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, STD ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAYWARD, RITA E NAME NAME STREET ADDRESS 2413 MYRNA STREET STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ORLANDO FL 32839 ☐ Change TITLE D ☐ Delete Addition NAME **BROWN, ROSIE** STREET ADDRESS STREET ADDRESS 4806 BALBOA DR. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32808 TITLE ☐ Delete ☐ Change Addition MILLNER, SIBIL NAME STREET ADDRESS 1115 DENTON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32792** ☐ Delete TITLE ☐ Change Addition NAME MILLNER, VANESSA NAME STREET ADDRESS STREET ADDRESS 1115 DENTON RD CITY-ST-7IP CITY-ST-ZIP Winter Park FL 32792 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 617, 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

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP