2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 08, 2001 8:00 am Secretary of State P98000024900 DOCUMENT # UNIVERSAL TECHNICAL SERVICES, INC. 08-08-2001 90008 021 ***550.00 Principal Place of Business Mailing Address 16057 TAMPA PALMS BLVD., W351 4333 WEST WATERS AVE TAMPA FL 33647 TAMPA FL 33614 2. Principal Place of Basiness A Salves BL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3513213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'BRIEN, VINCENT A Street Address (P.O. Box Number is Not Acceptable) 8903 REGENTS PARK DRIVE., STE 110 TAMPA FL 33647 Zip Code FL 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. SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (5/01) ☐ Change ☐ Addition TITLE Delete TITLE FRANKS, ANTHONY L NAME NAME STREET ADDRESS 16006 BOSWELL WAY STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 in changed, or on an attachm

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SIGNATURE:

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