I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

VP/D

SIGNATURE: ANGELA LEVINE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P14000085914 Entity Name: UNIVERSITY CONSULTANTS OF AMERICA, INC.

Current Principal Place of Business:

3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609

Current Mailing Address:

3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609 US

FEI Number: 47-2136883

Name and Address of Current Registered Agent:

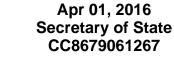
LEVINE, ROBERT A 3314 HENDERSON BLVD. SUITE 100 M TAMPA, FL 33609 US

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:

Electronic Signature of Registered Agent **Officer/Director Detail :** P/D VP/D Title Title LEVINE, ROBERT A LEVINE, ANGELA G Name Name 3314 HENDERSON BLVD., SUITE 100 3314 HENDERSON BLVD., SUITE 100 Address Address М М City-State-Zip: TAMPA FL 33609 City-State-Zip: TAMPA FL 33609

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT



FILED

Certificate of Status Desired: No

04/01/2016

Date