


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------------------|--|---|--|
| DOCUMENT # 181071 1. Entity Name UNIVERSAL ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 7611 SOUTHAMPTON TERRACE A-116 TAMARAC FL 33321 US | | | Mailing Address 7611 SOUTHAMPTON TERR #A 116 TAMARAC FL 33321 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-6077959 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WOLLONICK, PATRICIA 7611 SOUTH HAMPTON TERRACE A-116 TAMARAC FL 33321 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | DATE _____ | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | \$8.75 Additional Fee Required | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TESHER, ROBERT 2000 S.OCEAN BLVD., APT 6E BOCA RATON FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WOLLOWICK, JANET AMY 1051 NW 124TH AVE PEMBROKE PINES FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WOLLOWICK, PATRICIA 1351 SW 141ST AVE., BLDG G APT 301 PEMBROKE PINES FL 33027 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Empty] | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Patricia Wollowick</i> PATRICIA Wollowick 2-6-06 (54) 720-601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |