

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90055 002 \*\*\*150.00

**DOCUMENT # 418035**

1. Entity Name  
**UNIVERSAL-SOUTHERN CORP**



Principal Place of Business

**3755 GRANT RD  
P.O. BOX 10484  
JACKSONVILLE, FL 32207**

Mailing Address

**3755 GRANT RD  
P.O. BOX 10484  
JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**

**40018529**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1447087**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHEMER, HAROLD  
3755 GRANT ROAD  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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

*Harold Schemer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SLEAP, DAVID  
3755 GRANT RD  
JACKSONVILLE, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SCHEMER, FRANCES  
3755 GRANT RD  
JACKSONVILLE, FL 00000,**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SCHEMER, HAROLD  
3755 GRANT RD  
JACKSONVILLE, FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SCHEMER, MARTIN  
3755 GRANT ROAD  
JACKSONVILLE, FL 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Harold Schemer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR