

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91871 016 ***158.75

FILED
MAY 05 2003
TAMPA

DOCUMENT # 420583

1. Entity Name
UNIVAL, INCORPORATED



Principal Place of Business
**1414 SWANN AVE.
#201
TAMPA FL 33606
US**

Mailing Address
**1414 SWANN AVE
#201
TAMPA FL 33606
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
33606-2533 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
33606-2533 Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1449236** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required


6. Name and Address of Current Registered Agent

**BLANCHARD, G. ROBERT
1414 SWANN AVE. #201
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **G. ROBERT BLANCHARD, JR.**
Street Address (P.O. Box Number is Not Acceptable)
**1414 SWANN AVE,
SUITE 201**
City **TAMPA** FL Zip Code **33606-2533**

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  **G. ROBERT BLANCHARD, JR.** DATE **4/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	VSD MALCOLM, C. HARRIS 5014 EUCLID AVENUE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, SUSIE N. 8926 N. ARRAWANA TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLANCHARD, G. ROBERT 1414 SWANN AVE #201 TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, G. ROBERT JR. 2505 PALM DRIVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **G. ROBERT BLANCHARD, JR.** DATE **4/30/03** DAYTIME PHONE # **813-251-3737**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)