2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED Mar 10, 2004 08:00 AM Secretary of State

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1. Entity Name

UNIVERSAL SYSTEM DESIGNERS, INC.

Principal Place of Business

9075 TIMERLIN LAKE RD JACKSONVILLE, FL 32256 US

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9075 TIMBERLIN LAKE RD IAX, FL 32256 US



03062004

No Chq-P

CR2E034 (10/03)

4. FEI Number 59-1702213

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L 2800 INDEPENDENT SQUARE JACKSONVILLE, FL 32202

SIGNATURE:

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	named entity submits this statement for the plions of registered agent.	urpose of changing its regi	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registerod agent and title	li applicable (NOTE, Reg	istered Agent Signature	required when (disstating)	DATE
	E NOW!!! FEE IS \$150.00 By 1, 2004 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	U00000084195 03/10/04-80069-016 150.00
10.	OFFICERS AND DIREC	CTORS	1		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZP	PST HYMAN, JOHN L. 9075 TIMBERLIN LAKE RD JAX, FL 32256				
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THLE NAME STREET ABORESS CITY-ST-ZIP					
12. I hereby a indicated of the corphanged	certify that the information supplied with this fill on this report or supplemental report is true a protation or the receiver or trustee empowered, or on an attachment with an address, with all	ling does not qualify for the and accurate and that my sid to execute this report as n I other like empowered.	exemption state ignature shall ha equired by Chap	d in Section 119.07(3) we the same legal effe iter 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director es; and that my name appears in Block 10 or Block 11 if