2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL R	EPUKI (AK	}	Feb 06, 2006 08:00 AM
DOCUMENT # 510253 1. Entity Name			Secretary of State	
UNIVERS	AL BUILDERS, INC.			
Principal Place of Business Mailing Address				
7972 GREEN GLADE ROAD 7972 GREEN GLADE RO JACKSONVILLE FL 32256 JACKSONVILLE FL 32256				
2. Principal Place of Business		3. Mailing Address		L reside aver vert state, was sture ter biefe eint eint eint eint eint eint eint ein
Suite, Apt. II., etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-1687895 Applied For Not Applied
Zìp	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
WILSON, DAVID M			Name	·
797	2 GREEN GLADE ROAD KSONVILLE FL 32256		Street Add	dress (P.O. Box Number is Not Acceptable)
ن کرد	ROUTVILLE I E 32230			
			City	FL Zip Code
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and access
SIGNATURE	Signature, typed or printed name of registered agent	and life if applicable (NOTE	Pegistoled Agent signature	roquired when reinstaling) DATE
F	ILE NOW!II FEE IS \$150.00			S. Election Campaign Financing \$5.00 May 5
After Make Check	May 1, 2006 Fee Will Be \$550,00 Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	Jakes Fr yes	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ A 4.5%
NAME STREET ADDRESS	WILSON, SANDRA 7972 GREEN GLADE RD		NAME STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	·	C(TY-ST-Z(P	
TITLE. NAME	P WILSON, DAVIO M	☐ Delote	1/7LE NAME	U00000421230 □ Change □ AACA 02/16/06-30028-011 150.00
STREET ADDRESS CITY-ST-ZIP	7972 GREEN GLADE RD JACKSONVILLE, FL 00000		STREET AUDRESS CITY-ST-ZIP	02/16/06-30020-011 130.00
me.		☐ Delete	INCL	☐ Change ☐ Addilio
NAME STREET ADDRESS			NAME CTIVIT ADDRESS	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delele	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			name Street address	
CITY-ST-ZIP			CITY-ST-ZTP	
TITLE NAME		☐ Defete	TATLE NAME	☐ Change ☐ Addillo
STREET ADDRESS			STREET ADDRESS	
C)TY-ST-ZIP	<u> </u>		CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addillo
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	

FILED

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. 904-642-3481

SIGNATURE: David M. Wilson

23 Jan. 06