

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90103 009 ***150.00

DOCUMENT # 680005 1. Entity Name UNIVERSAL SELECT, INC.					
Principal Place of Business 4077 WOODCOCK DR STE 106 JACKSONVILLE, FL 32207 US			Mailing Address P.O. BOX 5906 JACKSONVILLE, FL 32247		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, KENNETH G. 1301 RIVERPLACE BLVD. 2640 RIVERPLACE TOWER JACKSONVILLE, FL 32207				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARTIN, BARBARA A ☒ Delete 3449 SCRIMSHAW DR. JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S ☐ Change ☒ Addition Shepard, E. A. 7357 Trails End Jacksonville, FL 32277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HOEKENG, CHRISTIAN M 23410 WELLINGTON COURT BLVD. SPRING, TX 77389		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ☒ Delete MARTIN, W. J 3449 SCRIMSHAW DR JACKSONVILLE, FL 32257		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete HOEKENG, DAVID E 3305 MAJESTIC RIDGE LAS CRUCES, NM 88011		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>E. A. Shepard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/07/06 904-396-2646 Date Daytime Phone #		