2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # 680005

1. Entity Name
UNIVERSAL SELECT, INC.

Principal Place of Business	Mailing Address
4077 WOODCOCK DR STE 106 JACKSONVILLE, FL 32207 US	P.O. BOX 5906 JACKSONVILLE, FL 32247

01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2015016
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, KENNETH G.
1301 RIVERPLACE BLVD.
2640 RIVERPLACE TOWER
JACKSONVILLE, FL 32207

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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 _____ DATE
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000578281
01/09/07-80023-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	SHEPARD, E.A
STREET ADDRESS	7357 TRAILS END
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	HOEKENGA, CHRISTIAN M
STREET ADDRESS	23410 WELLINGTON COURT BLVD.
CITY-ST-ZIP	SPRING, TX 77389
TITLE	D
NAME	HOEKENGA, DAVID E
STREET ADDRESS	3305 MAJESTIC RIDGE
CITY-ST-ZIP	LAS CRUCES, NM 88011
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: E A Shepard E.A. SHEPARD 1-5-2007 9043962646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #