

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2008 08:00 AM**  
**Secretary of State**

**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



01072008 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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PS
NAME	SHEPARD, E.A
STREET ADDRESS	7357 TRAILS END
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	D
NAME	HOEKENG, CHRISTIAN M
STREET ADDRESS	23410 WELLINGTON COURT BLVD.
CITY-ST-ZIP	SPRING, TX 77389
TITLE	D
NAME	HOEKENG, 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	

U000000775600  
01/08/08-80036-007 150.00

**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**

1-7-2008

904-396-2646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #