2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90717 008 ***150.00

DOCUMENT # 698480

1. Entity Name

UNIVERSALCOM, INC.

Principal Place of Business	Mailing Address
185 STAHLMAN AVENUE P.O. BOX 1585 DESTIN FL 32541	P. O. BOX 1585 DESTIN FL 32540-1585 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2154363 ☐ Applied For ☐ Not Applicable

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
BARTON, WALTER L. 9 INDIAN BAYOU DESTIN FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) 4125 Indian Bayou North 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREENE, STEPHEN D 211 WYNN HAVEN BCH. RD. MARY ESTHER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
				32569	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BARTON, WALTER L 9 INDIAN BAYOU DESTIN, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4125 Indian Bayou North	☒ Change ☐ Addition
				32541	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWER, PETER T 222 SLEEPY OAKS ROAD FT WALTON BCH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
				32548	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MCNAMARA, JOHN II 404 MOTRE DAME STREET, P-3 NEW ORLEANS LA 70130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NOTRE DAME ST.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Leithman 613 Jefferson Ave Metairie LA 70001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ PETER T. BOWER 4/5/00 850 337 0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #