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

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

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

CR2E034 (9/99)