

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90327 009 ***150.00

DOCUMENT # *F00000005179*

1. Entity Name
UNIVERSAL BUSINESS SVS, INC
A FLORIDA DIVISION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12682 Headwater Circle
Suite, Apt. #, etc.

3. Mailing Address
12682 Headwater Circle
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Wellington FL
Zip
33414 Country

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Wellington FL
Zip
33414 Country

4. FEI Number
22-2273714

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GORDON, EILEEN R.
Street Address (P.O. Box Number is Not Acceptable)
12682 HEADWATER CIRCLE

City
WELLINGTON FL Zip Code
33414

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RAFFO, CHRISTOPHER J.
365 STROZ ROAD
ASBURY, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
RAFFO, EDWARD R.
11 KINGS ROAD
CHATHAM, NJ

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward R. Raffo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 *908-725-8899* *EP532*

Date

Daytime Phone #

CR2E034B (12/02)