

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90013 028 ***150.00

DOCUMENT # F96000002975

1. Corporation Name

UNIVERSAL BANCORP SERVICES, INC.

Principal Place of Business

8787 BAYPINE ROAD
JACKSONVILLE FL 32256-7569

Mailing Address

8787 BAYPINE ROAD
JACKSONVILLE FL 32256-7569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1996

4. FEI Number

59-3378910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME DEMEO, DANIEL R
STREET ADDRESS 8787 BAYPINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☒ DELETE

NAME JENNINGS, ANTHONY E
STREET ADDRESS 8787 BAYPINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME MITCHELL, DUNCAN R
STREET ADDRESS 8787 BAYPINE ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME KORCHUM, WALTER M
STREET ADDRESS 8787 BAYPINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME DONAHUE, THOMAS
STREET ADDRESS 8787 BAYPINE ROAD
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME EVP
STREET ADDRESS Sabatino, Anita
CITY-ST-ZIP 153 E. 53rd Street, Citicorp Center
New York, NY

2.1 TITLE ☐ Change ☒ Addition

NAME CFO
STREET ADDRESS Gehlen, Michael
CITY-ST-ZIP 8787 Baypine Road
Jacksonville, FL 32256

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duncan R Mitchell, Secretary

3/24/99

Date

(904) 954-8747

Daytime Phone #

CR2E034 (11/98)

0043469