


15000042505A

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90161 001 \*\*\*150.00

<b>DOCUMENT # F96000002975</b> 1. Entity Name <b>UNIVERSAL BANCORP SERVICES, INC.</b>					
Principal Place of Business <b>8787 BAYPINE ROAD JACKSONVILLE, FL 32256-7569</b>			Mailing Address <b>8787 BAYPINE ROAD 3-2-A720 JACKSONVILLE, FL 32256 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3378910</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET, STE 105 TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DET GEHLEN, MICHAEL 8787 BAYPINE ROAD JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NELSON, JULIE D 8787 BAYPINE RD JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEP BAGEANT-EPPERSON, KRISTI N 8787 BAY PINE RD. JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DEVP VARNADORE, EVELYN 8787 BAYPINE RD JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary Paula A. Haga 3800 Citigroup Center Drive, Bldg G2-10 Tampa, FL 33610</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Paula A. Haga</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>04/25/05</b> Daytime Phone # <b>813-607-0394</b>					

14003150



04252005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3378910

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

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00****After May 1, 2005 Fee will be \$550.00**

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  
**DET  
GEHLEN, MICHAEL  
8787 BAYPINE ROAD  
JACKSONVILLE, FL 32256**
☐ Delete

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
NELSON, JULIE D  
8787 BAYPINE RD  
JACKSONVILLE, FL 32256**
☐ Delete

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCEP  
BAGEANT-EPPERSON, KRISTI N  
8787 BAY PINE RD.  
JACKSONVILLE, FL 32256**
☐ Delete

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DEVP  
VARNADORE, EVELYN  
8787 BAYPINE RD  
JACKSONVILLE, FL 32256**
☐ Delete

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Assistant Secretary  
Paula A. Haga  
3800 Citigroup Center Drive, Bldg G2-10  
Tampa, FL 33610**
☐ Change ☒ Addition

 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 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

Date

Daytime Phone #