

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002975

FILED
Apr 23, 2008
Secretary of State

Entity Name: UNIVERSAL BANCORP SERVICES, INC.

Current Principal Place of Business:

8787 BAYPINE ROAD
JACKSONVILLE, FL 322567569

New Principal Place of Business:

14000 CITICARD WAY
JACKSONVILLE, FL 32258

Current Mailing Address:

3800 CITIGROUP CTR
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3378910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DET () Delete
Name: GEHLEN, MICHAEL
Address: 8787 BAYPINE ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: NELSON, JULIE D
Address: 8787 BAYPINE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DCEP () Delete
Name: BAGEANT-EPPERSON, KRISTI N
Address: 8787 BAY PINE RD.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DEVP () Delete
Name: VARNADORE, EVELYN
Address: 8787 BAYPINE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: AS () Delete
Name: HOFFMAN, LISA A
Address: 3800 CITIGROUP CENTER ,G2-18
City-St-Zip: TAMPA, 33 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DET (X) Change () Addition
Name: GEHLEN, MICHAEL
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: AS (X) Change () Addition
Name: NELSON, JULIE D
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR (X) Change () Addition
Name: BAGEANT-EPPERSON, KRISTI N
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: DIR (X) Change () Addition
Name: VARNADORE, EVELYN
Address: 14000 CITICARD WAY
City-St-Zip: JACKSONVILLE, FL 32258

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A HOFFMAN

AS

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date