FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered

SIGNATURE:

## Jan 20, 2001 8:00 am DOCUMENT # F9900000152 Secretary of State 1. Entity Name UNIVERSAL DYNAMICS, INC. 01-20-2001 90010 033 \*\*\*158.75 Principal Place of Business Mailing Address 9161 130TH AVE. 9161 130TH AVE. DOOTFOOR LARGO FL 33773 LARGO FL 33773 2. Principal Place of Business 3. Mailing Address 6541 Suité, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1358444 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA USA 33<u>709</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAXTON, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 9161 130TH AVE. **LARGO FL 33773** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **CPST** Change Change TITLE ☐ Defete TITLE ANTONIA, NAME NAME ANTONIO, DON Bax 238 STREET ADDRESS 501 W. BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92101 ☐ Delete TITLE NAME DELMAY, C.D. NAME STREET ADDRESS 1101 TROPICANA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAS VEGAS NV 89119 ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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