

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90099 030 ***150.00

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1. Entity Name
UNIVERSAL SOLUTIONS INTERNATIONAL, INC.



Principal Place of Business
4045 UNIVERSITY PARKWAY
WINSTON-SALEM NC 27106

Mailing Address
4045 UNIVERSITY PARKWAY
WINSTON-SALEM NC 27106

2. Principal Place of Business

465 SHEPHERD ST.

3. Mailing Address

465 SHEPHERD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINSTON - SALEM, NC

City & State

WINSTON - SALEM, NC

Zip

27103

Country

US

Zip

27103

Country

US

4. FEI Number

56-2105951

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

PIEDMONT, J.F.

1090 PINEHURST ROAD

DUNEDIN FL 34698

Name

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

City

FL

Zip Code

I 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **PIEDMONT, J F**
STREET ADDRESS **4045 UNIVERSITY PARKWAY**
CITY-ST-ZIP **WINSTON-SALEM NC 27106**

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

TITLE VSD ☒ Delete
NAME **HOBSON, M. GILBERT**
STREET ADDRESS **4045 UNIVERSITY PARKWAY**
CITY-ST-ZIP **WINSTON-SALEM NC 27106**

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

TITLE CTAD ☐ Delete
NAME **NEESE, EMILY G**
STREET ADDRESS **4045 UNIVERSITY PARKWAY**
CITY-ST-ZIP **WINSTON-SALEM NC 27106**

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

TITLE D ☒ Delete
NAME **KING, KELLY**
STREET ADDRESS **2148 HARBOR VIEW DRIVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE D ☒ Delete
NAME **BLACK, BILL**
STREET ADDRESS **232 MADISON AVE., STE 1400**
CITY-ST-ZIP **NEW YORK NY 10016**

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

TITLE D ☐ Delete
NAME **TOWNSEND, DAVID**
STREET ADDRESS **200 WEST SECOND STREET, 4TH FLOOR**
CITY-ST-ZIP **WINSTON-SALEM NC 27101**

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

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 A

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)