## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G11918**

1. Entity Name

UNIVERSAL MARKETING AND SALES, INC.



May 04, 2004 8:00 am Secretary of State 05-04-2004 90128 047 \*\*\*150.00

Principal Place of Business

% IACK G. PASCHAL 413 MARLIN RD. N. PALM BEACH, FL 33408 Mailing Address

% JACK G. PASCHAL 413 MARLIN RD. N. PALM BEACH, FL. 33408



CR2E034 (10/03) 04162004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2239114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent PASCHAL, JACK G. DO NOT WRITE 413 MARLIN RD. N. PALM BEACH, FL 33408 IN THIS SPACE 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, typed or printed name of registered agent and side if applicable. (NOTE: Registered Agent signature required when reinstealing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PASCHAL, JACK G. NAME STREET ADDRESS 413 MARLIN RD. N.PALM BEACH, FL 33408 CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY: ST. ZP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

4/20/04 (5-61) 842-144