

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90021 035 ***158.75

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03272006 Chg-P CR2E034 (11/05)

DOCUMENT # H34427 1. Entity Name UNIVERSITY MALL INVESTMENTS CORPORATION			
Principal Place of Business 3298 SUMMIT BLVD #29 PENSACOLA, FL 32503 US		Mailing Address 3298 SUMMIT BLVD #29 PENSACOLA, FL 32503 US	
2. Principal Place of Business 628 Bay Cliffs Rd Suite, Apt. #, etc.		3. Mailing Address 628 Bay Cliffs Rd Suite, Apt. #, etc.	
City & State Gulf Breeze, FL Zip 32561 Country		City & State Gulf Breeze Zip 32561 Country	
4. FEI Number 59-2489691		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, MICHAEL T 628 BAY CLIFFS RD GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BASS, MICHAEL T 628 BAY CLIFFS RD GULF BREEZE, FL 32561	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 exemptions contained 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 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: <u>Michael T. Bass</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-27-06 <small>Date</small>	850-435-4700 <small>Daytime Phone #</small>