

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # H86143**1. Entity Name
UNIVERSAL CONSTRUCTION SOFTWARE, INC.Principal Place of Business
318 LIVE OAKS BLVD.
CASSELBERRY FL 32707 US
Mailing Address
P.O. BOX 180367
CASSELBERRY FL 32718 US2. Principal Place of Business
1250 SOUTH U.S. HWY. 17-92
3. Mailing Address
1250 SOUTH U.S. HWY. 17-92Suite, Apt. #, etc.
LAKE CENTER, SUITE 240
Suite, Apt. #, etc.
LAKE CENTER, SUITE 240City & State
LONGWOOD FL
City & State
LONGWOOD FLZip
32750
Country
US
Zip
32750
Country
US4. FEI Number
59-2599945
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKIRK GREGORY P
318 LIVE OAKS BLVD.
CASSELBERRY FL 32707 US**7. Name and Address of New Registered Agent**Name
KIRK GREGORY P
Street Address (P.O. Box Number is Not Acceptable)
1250 SOUTH U.S. HWY. 17-92
LAKE CENTER, SUITE 240
City
LONGWOOD FL Zip Code
32750

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.

SIGNATURE _____ **04/19/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	PILGRIM, DONALD	
STREET ADDRESS	1241 MARKEL DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	KIRK GREGORY P	
STREET ADDRESS	183 DURHAM PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLINE BRIAN D	
STREET ADDRESS	429 HAWTHORNE CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK GREGORY P	
STREET ADDRESS	1059 CROSS CUT WAY	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory P. Kirk

PSD

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)