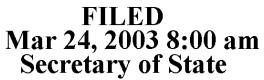
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT# J35868



1. Entity Na UNIVERS	<sup>ame</sup> SAL OFFICE SYSTEMS, INC					(	03-24-2003 902	11 047 ***15	0.00
4 <del>530 PARKE</del>	ace of Business PRECE OF 3600 VINELAND B L 32000-2015 SUITE 120 32811	Mailing Address 4530 PARKBREEZE-CT ORLANDO FL 32808-8045					<b>1</b> 11131 81191 18119 81191 1	in Aran sirn sirn aich air	## <b>8</b> # <b>8</b> ## <b>8</b> #8##   <b>88</b> #
2. Principal	Place of Business	3. Mailing Address							
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. FEI Number 59-2737965 Applied For			
Zip Country		Zip C		Country 5		5. Certificate of S		\$8.75	Not Applicable additional
	6. Name and Address of Current	Registered Agent	l	<del></del>		7 Name and Ad	duana né blana Panit	Fee Requ	ired
				Name		7. Name and Ad	dress of New Regis	stered Agent	
Turay, [	DANIEL J.								
-15909-AC	CORN-CR		Street	Street Address (P.O. Box Number is Not Acceptable)					
TAVARES	FL 32778		3 1.75	Hootenin sula Drive					
				City	-	. =	<u> </u>	FL Zip Co	ode .
8. The above	e named entity submits this statement for	rthe purpose of changing its	register	ed office o	or registered	d agent, or both, in	the State of Florida	l am familiar witi	n, and accept
(		h _					_	10	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E- Bacrietara	nd Apont ciano	ture required wh		3	· 18-0	3_
			L. negistere	o Agent signa	ure required wr	nen reinstating)		DATE -	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					n Campaign Financi und Contribution.		00 May Be ed to Fees
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/CHA	NGES TO OFFICER	S AND DIDECTOR	DC IN 44
TITLE	PD	☐ Delete	TITLE		1	ACCITION OF CHIP	NOLS TO OFFICER	Change	
NAME	TURAY, DANIEL J.		NAM	E	l .	<b>C</b>		-	Addition
STREET ADDRESS	15909 ACORN CR.		STRE	ET ADDRESS	1460	o tenin <b>s</b>	ula Drive		[
CITY-ST-ZIP	TAVARES FL		CITY-	-ST-ZIP	Tav	ares F	1 32778	<b>.</b>	}
TITLE	VST	☐ Delete	TITLE			<del></del>		Change	☐ Addition
name Street address	TURAY, CARLA J		NAME		ے بایا	$\circ$	l- O-	i VL	
CITY-ST-ZIP	15909 ACORN CR. TAVARES FL			ET ADDRESS	11760	Penins			
TITLE	TAVAILED I E		CITY-	ST-ZIP	Tar	vares,	1-1 32	77&	
NAME		☐ Delete	TITLE		ĺ			☐ Change	☐ Addition
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NAME		□ Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS				T ADDRESS					
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AME			NAME		i			Shange	C) Addition
TREET ADDRESS			STREE	T ADDRESS					
ITY-ST-ZIP			CITY-S	ST-ZIP		<u> </u>			
ITLE AME		☐ Delete	TITLE	ļ	_			☐ Change	☐ Addition
TREET ADDRESS			NAME						
ITY-ST-ZIP				T ADDRESS	•				
2. Thereby or	ertify that the information supplied with the	nic filing does set 197 5	CITY-S		·				
indicated of of the corp changed.	ertify that the information supplied with the post is true that the port or supplemental report is true to coration or the receiver or trustee empower on an aftachment with an address with	ue and accurate and that my ered to execute this report as hall other like empowered	ne exem / signatu s require	iption state ire shall ha id by Chap	ed in Sectio live the sam oter 607, Flo	n 119.07(3)(i), Flor ie legal effect as if orida Statutes; and	ida Statutes. I furthe made under oath; th I that my name appe	er certify that the in nat I am an officer ears in Block 10 or	or director Block 11 if

**SIGNATURE:**