2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 08:00 AN Secretary of State

ANNUAL REPORT					loomotowy of Sta
1. Entity Name	MENT # K77044 UNIVERSAL MANAGEMEN	T, INC.		٦	Secretary of Sta
		,			
Principal Place		Mailing Address	- 1		
314 E. ANDR! ORLANDO, FL		314 E. ANDRSON ST. Orlando, Fl. 32801 US			
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,				01042008 No Chg-P	CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
\$				59-2986347	Not Applicable \$8.75 Additional
	6. Name and Address of Current R	ecistered Agent	English English	5. Certificate of Status Desired	Fee Required
CATHCAR					
CATHCART, CHRISTOPHER C. 210 N WYMORE RD WINTER PARK, FL 32789			J. S.	DO NOT W	s Scholath seath in handrus (2) is diseased.
VINIERP	ARK, FL 32709			IN THIS SP	ACE
			Land Constant one		
	named entity submits this statement for ons of registered agent.	the purpose of changing its regist	ered office or register	red agent, or both, in the State of Fk	orida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE After Ma	E NOW!!! FEE IS \$150.00 ly 1, 2008 Fee will be \$550.0	9. Election Campaign Fin	ancing \$5	.00 May Be led to Fees	
10.	OFFICERS AND D	DIRECTORS		CERCORDON.	
TITLE NAME	PSTD LIBERTY, JACK L 111				
STREET ADDRESS CITY-ST-ZIP	7501 LAKE DR. ORLANDO, FL 32809				
TITLE NAME					3
STREET ADDRESS				* 02218708	-80016+009*150.00 \
CITY-ST-ZIP TITLE					
NAME STREET ADDRESS				i galana Arci	
CITY-ST-ZIP				DO NOT W	RITE
TITLE NAME				IN THIS SP	PACE
STREET ADDRESS CITY-ST-ZIP					
TITLE		. 444			
NAMÉ STREET ADDRESS					
CITY-SI-ZIP		 			
TITLE NAME	,		I make the same of		

12. I hereby certify that the information supplied with this filling does not contify 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 ortuguee empowered of executed his 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 adoress, with all others like impowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SONATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

ebroy 1,2008 407.4262300