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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84025

(1)

1. Corporation Name

UNIVERSITY TECH CENTER I, INC.

Principal Place of Business

4902 EISENHOWER BLVD
SUITE 155
TAMPA FL 33634
US

Mailing Address

4920 EISENHOWER BLVD
SUITE 155
TAMPA FL 33634-6311
US

3. Date Incorporated or Qualified

04/28/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

75-2284397

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 4902 Eisenhower Blvd.

Suite, Apt. #, etc.

22 Suite 155

City & State

23 Tampa, FL

Zip

24 33634

Country

25 USA

2a. Mailing Address

26 4902 Eisenhower Blvd.

Suite, Apt. #, etc.

27 Suite 155

City & State

28 Tampa, FL

Zip

29 33634

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME KELLY, PATRICK
STREET ADDRESS 4902 EISENHOWER BLVD STE 155
CITY - ST - ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME GERARD, CORBINO
STREET ADDRESS 4902 EISENHOWER BLVD #155
CITY - ST - ZIP TAMPA FL

TITLE VP ☐ DELETE

NAME DEVANE JR. DONALD L.
STREET ADDRESS 4902 EISENHOWER BLVD #155
CITY - ST - ZIP TAMPA FL

TITLE S ☐ DELETE

NAME WOODWARD, DAN
STREET ADDRESS 5300 W CYPRESS
CITY - ST - ZIP TAMPA FL

TITLE AS ☐ DELETE

NAME SALEMME, SUSAN
STREET ADDRESS 4902 EISENHOWER BLVD STE 155
CITY - ST - ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

813-885-7443

Daytime Phone #

0367061

CR2E034 (9/96)