## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90112 035 \*\*\*150.00

## DOCUMENT # L22224

1. Corporation Name

SIGNATURE:

UNIVERSAL ENTERTAINMENT & SKATING CENTER, INC.

Principal Place	e of Business	Mailing Address						
866 SOUTH GOLDENROD ROAD P.O. BOX 3000								
ORLANDO FL 32822 ORLANDO FL 32802-3000					DO NOT WIDITE IN THE CRACE			
! US US					DO NOT WRITE IN THIS SPACE			
		•			<ol> <li>Date Incorporated or Qualified</li> <li>10/12/1989</li> </ol>			
2. Principal Place of Business 2a. Mailing Address							Applied For	
21	26				59-2974408		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.7	5 Additional	
22 27					5. Certificate of Status Desired Fee Required			
City & State City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Country	Zip	Country	1	This corporation owes the current year Intangible			
24	25 29 30				<u> </u>			
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				
SCHWIER, PAMELA				82 Street Address (P.O. Box Number is Not Acceptable)				
866 SOUTH GOLDENROD ROAD ORLANDO FL 32822					iless (P.O. Box Number is Not Acceptable)			
0.10			83					
			84	City	FL	85 2	ip Code	
11. Pursuant	to the provisions of Sections 607 050	2 and 607.1508, Florida Statutes	, the abov	e-named con	poration submits this statement for the purpose of	changing	its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auti	norized by	the corporati	ion's board of directors. I hereby accept the appo	intment as	s registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Age	int signature require	ed when reinstating) DATE			
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS DELETE		1.1 TIFLE			Chan	rge	
NAME	SCHWIER, PAMELA			1,2 NAME				
STREET ADDRESS 766 GRAND PASEO DRIVE			1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ODI ANDO FI			ST-ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE			☐ Chan	nge	
ſ			2.2 NAME	Í		_		
NAME	=							
STREET ADDRESS	1530 CASA RIO DRIVE			TADDRESS				
CITY-ST-ZIP ~	ORLANDO FL		'2.'4 CITY-	ST-ZIP			nge	
TITLE		☐ DELETE	3.1 TITLE			Chan	.ge L. Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE	DELETE					Chan	nge Addition	
NAME			4. 2 NAME					
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY-3 5.1 TITLE	31-4IF		☐ Chan	nge	
TITLE		C occess	5.1 MILE 5.2 NAME				J	
NAME				T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			- Diagram	
TITLE		☐ DELETE	6.1 TITLE			Chan	nge 🗌 Addition	
NAME			6.2 NAME	1				
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				
14 I hereby c	certify that the information supplied wit	th this filing does not qualify for the	he exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further ce	rtify that t	he information	
indicated officer or	on this annual report or supplemental	annual report is true and accura ivevontrustee empowered to exe	ite and the ecute this	at my signatur report as requ	re shall have the same legal effect as if made und uired by Chapter 607, Florida Statutes; and that n	ier oaui, u	narraman	