

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22616-

1. Entity Name
UNIVERSAL TECHNOLOGY SYSTEMS, INC.

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90129 018 ***150.00

Principal Place of Business

5150-6 TIMUQUANA RD.
JACKSONVILLE FL 32210

Mailing Address

5150-6 TIMUQUANA RD.
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2974331

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS J MCENANY
2006 SALT MYRTLE LANE
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

PTS
MCENANY, THOMAS J
5150-6 TIMUQUANA RD.
JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
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CITY-ST-ZIP
Change ☐ Addition ☐

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Change ☐ Addition ☐

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STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/02

(904) 778-8644

CR2E034 (9/01)



UNIVERSAL TECHNOLOGY SYSTEMS, INC.

P.O. Box 7908 Jacksonville, Florida 32238-0908 904/778-8614
1/800/777-6498 • FAX 904/779-0218

September 10, 2002

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

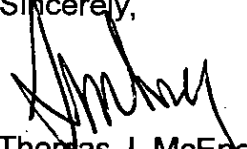
RE: Uniform Business Report

Gentlemen:

Please find enclosed our annual Uniform Business Report for 2002. Our controller, Karen Jones, developed colon cancer, requiring her to be out of work for the last year, therefore, the reports were not filed in a timely fashion.

We are respectfully submitting our request for a one-time waiver of the late fee due to these unusual circumstances. We would appreciate your consideration in this matter.

Sincerely,



Thomas J. McEnany
President

Attachment
980083
#L226/6