

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001958

1. Entity Name

UNIVERSAL SOLUTIONS OF WEST FLORIDA, L.L.C.

Principal Place of Business

1004 WOOD HILL PLACE  
JACKSONVILLE FL 32256

Mailing Address

1004 WOOD HILL PLACE  
JACKSONVILLE FL 32256

FILED

01 AUG -7 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6706 N. Ninth Avenue

3. Mailing Address

6706 N. Ninth Avenue

Suite, Apt. #, etc.

Suite A-3

Suite, Apt. #, etc.

Suite A-3

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

52-2087169

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKERSON, WILLIAM R JR.  
1004 WOOD HILL PLACE  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Same

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

6706 N. Ninth Avenue, Suite A-3

City

Pensacola

FL

Zip Code  
32504

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

7-30-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

500004527695--8

-08/09/01--01081--006

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME UNIVERSAL SOLUTIONS OF NORTH AMERICA, LLC  
STREET ADDRESS 100 BUSINESS PARK DRIVE, SUITE C  
CITY-ST-ZIP RIDGELAND MS 39157

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*  
REQUIRED

7/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)