

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90181 016 ****50.00

DOCUMENT # M00000001958

1. Entity Name

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

Principal Place of Business

6706 N. NINTH AVENUE, STE. A-3
 PENSACOLA FL 32504

Mailing Address

6706 N. NINTH AVENUE, STE. A-3
 PENSACOLA FL 32504

2. Principal Place of Business

3. Mailing Address

4430 Hwy 90 East

4430 Hwy 90 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

Pace, FL

Pace, FL

Zip

Zip

32571

Country

Country

32571

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.
 6706 N. NINTH AVENUE, STE. A-3
 PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name WILKERSON, William R JR.

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

4430 Hwy 90 East

City Pace

FL

Zip Code 32571

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 of William R. Jr. Wilkerson 2/5/02 601-844-5000

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

Date

Daytime Phone #

CR2E083 (9/01)