

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M00106**

1. Entity Name

UNIVERSAL WARRANTY CORPORATION**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90148 020 ***150.00

Principal Place of Business

Mailing Address

2090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 334092090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 33409-6507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2413666

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEAN, PATRICIA B
2235 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 DV ☐ Delete
NAME GERSTNER, BOB
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DT ☐ Delete
NAME FRYE, GLEN
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME DEAN, ROGER
STREET ADDRESS 2235 OKEECHOBEE BLVD.
CITY-ST-ZIP WEST PALM BCH. FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE PD ☐ Delete
NAME DEAN, PATRICIA B
STREET ADDRESS 2235 OKEECHOBEE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☐ Delete
NAME BARKMAN, MICHELE
STREET ADDRESS 2090 P.B. LAKES BLVD., #200
CITY-ST-ZIP WEST PALM BCH. FL 33409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DCFO ☐ Delete
NAME FRYE, GLEN
STREET ADDRESS 2090 PALM BEACH LAKES BLVD #200
CITY-ST-ZIP W. PALM BCH. FL 33409TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

561-478-2440

Daytime Phone #

CR2E034 (9/99)