

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90027 026 ***150.00

DOCUMENT # M00106

1. Entity Name

UNIVERSAL WARRANTY CORPORATION

Principal Place of Business

**2090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 33409**

Mailing Address

**2090 PALM BEACH LAKES BLVD
SUITE 200
W. PALM BCH. FL 33409**

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 **59-2413666**

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

**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, 2001 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 **DV** ☐ Delete
NAME **GERSTNER, BOB**
STREET ADDRESS **2090 P.B. LAKES BLVD., #200**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **DT** ☐ Delete
NAME **FRYE, GLEN**
STREET ADDRESS **2090 P.B. LAKES BLVD., #200**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **PD** ☐ Delete
NAME **DEAN, PATRICIA B**
STREET ADDRESS **2235 OKEECHOBEE BLVD**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **DS** ☐ Delete
NAME **BARKMAN, MICHELE**
STREET ADDRESS **2090 P.B. LAKES BLVD., #200**
CITY-ST-ZIP **WEST PALM BCH. FL 33409**

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

TITLE **DCFO** ☐ Delete
NAME **FRYE, GLEN**
STREET ADDRESS **2090 PALM BEACH LAKES BLVD #200**
CITY-ST-ZIP **W. PALM BCH. FL 33409**

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

TITLE _____ ☐ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ ☐ 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 or other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE BARKMAN

2-12-01

Date

561-478-2440

Daytime Phone #

CR2E034 (10/00)