

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003009

Entity Name: UNIVERSAL ANSWERS, INC.

FILED  
Sep 24, 2004  
Secretary of State

**Current Principal Place of Business:**

10271 RIVER DRIVE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

10271 RIVER DRIVE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 33-0997331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, DALE C  
10271 RIVER DRIVE  
BONITA SPRINGS, FL 34135

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALKER, DALE C  
Address: 10271 RIVER DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: STOLECKI, WILLIAM E  
Address: 990 E VALLEY DR  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: COONEY, DENNIS REV.  
Address: 2514 LEE BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE C WALKER

D

09/24/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date