

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007307

FILED
Jan 07, 2005
Secretary of State

Entity Name: UNIVERSAL UNIVERSITY INC.

Current Principal Place of Business:

204 37TH AVE. N.
#129
ST. PETERSBURG, FL 33704

Current Mailing Address:

204 37TH AVE. N.
#129
ST. PETERSBURG, FL 33704

New Principal Place of Business:

2451 MCMULLEN BOOTH RD.
SUITE 257
CLEARWATER, FL 33759

New Mailing Address:

2451 MCMULLEN BOOTH RD.
SUITE 257
CLEARWATER, FL 33759

FEI Number: 32-0090401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEYMOUR, PATRICIA N
204 37TH AVE. N.
#129
ST. PETERSBURG, FL 33704 US

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: P () Delete
Name: BARRIER, OLLIE O III
Address: PO BOX 1441
City-St-Zip: SINTON, TX 78387

Title: V () Delete
Name: SEYMOUR, PATRICIA N
Address: 204 37TH AVE. N. #129
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S () Delete
Name: TOTTEN, MIKE
Address: 3263 W. 29TH AVE.
City-St-Zip: DENVER, CO 80211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARRIER, OLLIE O III
Address: 2783 ENTERPRISE RD. APT 32
City-St-Zip: CLEARWEATER, FL 33759

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: OLLIE O. BARRIER, III

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date