

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004314

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE UNIVERSAL SUPPORT ASSOCIATES OF DELRAY, INC.

Current Principal Place of Business:

14600 S MILITARY TRAIL
STE F-1
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

14600 S MILITARY TRAIL
STE F-1
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 87-0744071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BENJAMIN F
14600 S MILITARY TRAIL
STE F-1
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

MILLER, BENJAMIN F PS
14600 S MILITARY TRAIL
STE F-1
DELRAY BEACH, FL 33484 US

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: BENJAMIN F. MILLER

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: MILLER, BENJAMIN F PRES
Address: 550 NW 21 CT
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: SD () Delete
Name: MILLER, ASTON D DIR
Address: 12964 75TH LN NORTH
City-St-Zip: W PALM BEACH, FL 33412 US

Title: TD () Delete
Name: MILLER-JONES, PRISCILLA DIR
Address: 155 SW 4TH ST
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: MILLER, ASTON D DIR
Address: 12964 75TH LANE NORTH
City-St-Zip: W PALM BEACH, FL 33412 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PRISCILLA MILLER-JONES

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date