

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004314

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

14590 S MILITARY TRAIL  
STE E-12  
DELRAY BEACH, FL 33484 US

**New Principal Place of Business:**

**Current Mailing Address:**

14590 S MILITARY TRAIL  
STE E-12  
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 PS  
14590 S MILITARY TRAIL  
STE E-12  
DELRAY BEACH, FL 33484 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:** PS  
**Name:** MILLER, BENJAMIN F PRES  
**Address:** 550 NW 21 CT  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

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

**Title:** TD  
**Name:** MILLER-JONES, PRISCILLA DIR  
**Address:** 1107 PINEHURST DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33426 US

I hereby 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 all other like empowered.

**SIGNATURE:** PRISCILLA MILLER-JONES

TD

04/29/2011

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

\_\_\_\_\_  
Date