

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003948

**FILED**  
**Jan 16, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSAL ASSISTANCE GROUP, INC.

**Current Principal Place of Business:**

UNIVERSAL ASSISTANCE GROUP, INC.  
277 N. MCCALL RD.  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

UAG, INC. C/ BRIAN HOPKINS  
2128 S. LESLIE LANE  
SCOTTSBURG, IN 47170

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

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

HOPKINS, BRIAN L  
277 N. MCCALL RD.  
ENGLEWOOD, FL 34223 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOPKINS, GARY L SR.  
Address: 3810 E PLYMOUTH RD  
City-St-Zip: SCOTTSBURG, IN 47170

Title: VP  
Name: HOPKINS, BRIAN L  
Address: 2128 S. LESLIE LANE  
City-St-Zip: SCOTTSBURG, IN 47170

Title: R  
Name: MEDLYN, CHRIS  
Address: 3921 GABLE LANE CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46228

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:** BRIAN L HOPKINS

VP

01/16/2010

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

\_\_\_\_\_  
Date