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**Apr 02, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37069**

1. Corporation Name

**UNIVERSAL MOVEMENT, INC.**

Principal Place of Business

% MARY JO SCANIO  
1115 N. DALE MABRY HWY.  
TAMPA FL 33618  
US

Mailing Address

11115 N DALE MABRY HWY.  
TAMPA FL 33618  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/14/1990

4. FEI Number

65-0204747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SCANIO, MARY JO  
11115 N DALE MABRY HWY  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P  
NAME SCANIO, MARY JO  
STREET ADDRESS 11115 N DALE MABRY HWY  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE T  
NAME GEIGER, RICHARD L.  
STREET ADDRESS 6841 MITCHELL CIRCLE  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE TM  
NAME ECENIA, TANDOVA  
STREET ADDRESS 6010 N. ARMENIA  
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME MARY JO SCANIO  
1.3 STREET ADDRESS 11115 N. DALE MABRY HWY.  
1.4 CITY-ST-ZIP TAMPA FL

2.1 TITLE S/D ☒ Change ☐ Addition  
2.2 NAME RICHARD GEIGER  
2.3 STREET ADDRESS 6841 MITCHELL CIR.  
2.4 CITY-ST-ZIP TAMPA FL

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME ECENIA, TANDOVA  
3.3 STREET ADDRESS 6010 N. ARMENIA  
3.4 CITY-ST-ZIP TAMPA, FL

4.1 TITLE VP/D ☐ Change ☒ Addition  
4.2 NAME SHERI WHITTINGTON  
4.3 STREET ADDRESS 16226 Fantasia Dr.  
4.4 CITY-ST-ZIP Tampa FL 33624

5.1 TITLE T/D/M ☐ Change ☒ Addition  
5.2 NAME KIM MULLER  
5.3 STREET ADDRESS 10114 LINDELAAN DR.  
5.4 CITY-ST-ZIP TAMPA, FL 33618

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

3/30/99

813-969-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)