

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37069

1. Entity Name

UNIVERSAL MOVEMENT, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90070 026 ****61.25

Principal Place of Business	Mailing Address
% MARY JO SCANIO 1115 N. DALE MABRY HWY. TAMPA FL 33618 US	11115 N DALE MABRY HWY. TAMPA FL 33618-3803 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0204747	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCANIO, MARY JO 11115 N DALE MABRY HWY TAMPA FL 33618

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	SCANIO, MARY JO
STREET ADDRESS	11115 N DALE MABRY HWY
CITY-ST-ZIP	TAMPA FL
TITLE	SD <input type="checkbox"/> Delete
NAME	GEIGER, RICHARD L.
STREET ADDRESS	6841 MITCHELL CIRCLE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ECENIA, TANDOVA
STREET ADDRESS	6010 N. ARMENIA
CITY-ST-ZIP	TAMPA FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	WHITTINGTON, SHERI
STREET ADDRESS	16226 FANTASIA DR.
CITY-ST-ZIP	TAMPA FL 33624
TITLE	TDM <input type="checkbox"/> Delete
NAME	MULLER, KIM
STREET ADDRESS	10114 LINDELAAN DR.
CITY-ST-ZIP	TAMPA FL 33618
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI WHITTINGTON Shari Whittington 4-29-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)