

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001302

1. Entity Name

UNIVERSAL SERVICE DEDICATED TO GOD, INC.

Principal Place of Business

360 NORTHEAST 165TH STREET
MIAMI FL 33162

Mailing Address

P.O. BOX 841407
HOLLYWOOD FL 33084

2. Principal Place of Business

7500 N.W. 73rd Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 26353

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0649128

Applied For

☒ Not Applicable

Zip

33321

Country USA

BROWARD

Zip

33321

Country USA

BRO USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Audie A. Watson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME WATSON, AUDIE A ☐ Delete
STREET ADDRESS 360 NORTHEAST 165TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE D
NAME ELLIS, TERRY A ☐ Delete
STREET ADDRESS 360 NORTHEAST 165TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE D
NAME WATSON, DOLORES A ☐ Delete
STREET ADDRESS 360 NORTHEAST 165TH STREET
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~WATSON, AUDIE A.~~ PSTD ☒ Change ☐ Addition
NAME
STREET ADDRESS 7500 NW 73rd Terr.
CITY-ST-ZIP Tamarac, FL 33321

TITLE D ELLIS, TERRY A. ☒ Change ☐ Addition
NAME
STREET ADDRESS 7500 NW 73rd Terr.
CITY-ST-ZIP Tamarac, FL 33321

TITLE D WATSON, DOLORES A. ☒ Change ☐ Addition
NAME
STREET ADDRESS 7500 NW 73rd Terr.
CITY-ST-ZIP Tamarac, FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Audie A. Watson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

(954) 597-7737

Daytime Phone #

CR2E037 (10/00)

6/2/01



DO NOT WRITE IN THIS SPACE

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90270 039 ****61.25