

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005320

1. Entity Name

UNIVERSAL PRINCIPLES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90089 003 ****70.00

Principal Place of Business

Mailing Address

C/O DAVID C. MINARDI
ONE SAN JOSE PLACE #14A Suite 23
JACKSONVILLE FL 32257

C/O DAVID C. MINARDI
ONE SAN JOSE PLACE #14A Suite 23
JACKSONVILLE FL 32257-7581



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

One San Jose Place
Suite, Apt. #, etc.
Suite 23

One San Jose Place
Suite, Apt. #, etc.
Suite 23

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip Country
32257 USA

Zip Country
32257 USA

4. FEI Number

59-3599302

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKEL, DANIEL D ESQ.
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

Name

Same

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

David C. Minardi

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

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MINARDI, DAVID C	
STREET ADDRESS	ONE SAN JOSE PLACE #14A	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COOKSEY, TERESA	
STREET ADDRESS	3943 SAN BERNADO DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LANGSTON, RICH	
STREET ADDRESS	3633 CAROL ANN LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

David C. Minardi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

904-260-8735

Daytime Phone #

CR2E037 (9/99)