

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005320

1. Entity Name

UNIVERSAL PRINCIPLES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90041 040 ****70.00

Principal Place of Business

C/O DAVID C. MINARDI
ONE SAN JOSE PLACE, SUITE 23
JACKSONVILLE FL 32257

Mailing Address

C/O DAVID C. MINARDI
ONE SAN JOSE PLACE, SUITE 23
JACKSONVILLE FL 32257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MINARDI, DAVID C
STREET ADDRESS ONE SAN JOSE PLACE #14A
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE STD ☐ Delete
NAME COOKSEY, TERESA
STREET ADDRESS 3943 SAN BERNADO DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VD ☐ Delete
NAME LANGSTON, RICH
STREET ADDRESS 3633 CAROL ANN LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. MINARDI 4/27/01 904-260-8735

Date

Daytime Phone #

CR2E037 (10/00)