

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90161 046 ***150.00

0475306

DOCUMENT # P00000100340

1. Entity Name

UNIVERSAL TAX SERVICE, INC.

Principal Place of Business

Mailing Address

**404 LILLIAN DR
 FERN PARK FL 32730**

**404 LILLIAN DR
 FERN PARK FL 32730**

2. Principal Place of Business

22000 WINTERWILLOW LN

3. Mailing Address

P.O. BOX 155

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS, FL 32736

City & State

EUSTIS, FL

4. FEI Number

59-3677094

Applied For

Not Applicable

Zip

32736

Country

USA

Zip

32727

Country

USA

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

**VIERA, FACUNDO
 404 LILLIAN DR
 FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name

LAURA DELEHANTY

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

22000 WINTERWILLOW LANE

City

EUSTIS

FL

Zip Code

32736

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 **LAURA DELEHANTY**

Laura Delehanty

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIERA, FACUNDO	
STREET ADDRESS	404 LILLIAN DR	
CITY-ST-ZIP	FERN PARK FL 32730	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA DELEHANTY	
STREET ADDRESS	22000 WINTERWILLOW LANE	
CITY-ST-ZIP	EUSTIS, FL 32736	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laura Delehanty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

866-829-4506

Daytime Phone #

CR2E034 (10/00)