

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90155 043 ***150.00

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DOCUMENT # P00000100340

1. Entity Name
UNIVERSAL TAX SERVICE, INC.



Principal Place of Business
**22000 WINTERWILLOW LN
EUSTIS FL 32736**

Mailing Address
**P O BOX 155
EUSTIS FL 32727**



2. Principal Place of Business
101 S. EUSTIS STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 2

Suite, Apt. #, etc.

City & State
EUSTIS, FLORIDA

City & State

Zip
32727

Country
USA

Zip

Country

4. FEI Number
59-3677094

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8:75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DELEHANTY, LAURA
22000 WINTERWILLOW LANE
EUSTIS FL 32736**

7. Name and Address of New Registered Agent

Name
LAURA DELEHANTY

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

101 S. EUSTIS STREET, SUITE 2

City
EUSTIS

FL

Zip Code
32727

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laura Delehanty*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 9 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DELEHANTY, LAURA
22000 WINTERWILLOW LANE
EUSTIS FL 32736** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 607, 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: *Laura Delehanty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2003 *352-483-1779*
Date Daytime Phone #

CR2E034 (10/02)