


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

paid

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90383 045 \*\*\*150.00

DOCUMENT # <b>P01000057554</b>	
1. Entity Name <b>Universal Fountain &amp; Statuary</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>West Palm Beach</b>	3. Mailing Address <b>11555 US Hwy #1 North</b>
Suite, Apt. #, etc. <b>No official open</b>	Suite, Apt. #, etc. <b>Palm Beach FLA</b>
City & State <b>Palm Beach</b>	City & State <b>33408</b>
Zip <b>Palm Beach</b>	Country <b>FL</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1128987</b>	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4-16-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / OWNER SILVIA WILSON 11555 US HWY #1 NORTH PALM BEACH FLA 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIC PRESIDENT ALBERT BARRERA 11555 US HWY #1 NORTH PALM BEACH FLA 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ **04/16/03 (561)6250333**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)