2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069303

1. Entity Name

UNIVERSAL CAR COMPANY, INC.



FILED Feb 11, 2005 08:00 AM Secretary of State

Principal Place of Business

C/O BUSUITO

1730 S FEDERAL HWY, SUITE 186 DELRAY BEACH, FL 33483 Mailing Address

C/O BUSUITO

1730 S FEDERAL HWY, SUITE 186 DELRAY BEACH, FL 33483



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01272005	No Chg-P	CR2E034 (10/03)		
L FEI Number 65-1119423			Applied Far	
			Not Applicable	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WELLS-CURRIER, ARLENE E 1540 SW 47TH TERR FT LAUDERDALE, FL 33317

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or praised name of registered agent and title if applicable. (NOTE: Reg-stered Agent signature required					DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees			
10,	OFFICERS AND DIREC	TORS					
HILE NAME STREET ADDRESS CHY-ST-ZIP	D BUSUITO, JOSEPH G 1730 S FEDERAL HWY, SUITE 186 DELRAY BEACH, FL 33483				.000000225876 02/11/05-80054-018 158.75		
TITLE NAME STREET ADDRESS CITY-57-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 eath, 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.							

JOSCPH