2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 30, 2002 8:00 am Secretary of State P01000100875 DOCUMENT # 04-18-2002 90450 024 ***150.00 1. Entity Name UNIVERSAL UNDERSTANDINGS, INC. Principal Place of Business Mailing Address P.O. BOX 1032 P.O. BOX 1032 WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL DONALD Street Address (P.O. Box Number is Not Acceptable) 14352 79TH COURT NORTH LOXAHATCHEE FL 33470 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITLE Delete TITI 6 Change CR2E034 (9/01 HILL DONALD NAME NAME P.O. BOX 1032 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33402 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP ☐ Delete mr ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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