

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000031334

1. Entity Name

UNIVERSAL JEWELRY INC



Principal Place of Business

12063 INDIAN ROCKS RD.
LARGO FL 33774

Mailing Address

12063 INDIAN ROCKS RD.
LARGO FL 33774



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

03-0447242

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPITHOURAKIS, ATHANESE
950 SPANISH OAKS BLVD.
PALM HARBOR FL 34648

Name

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

City

FL

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

Signature typed or printed name of registered agent and used if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	SPITHOURAKIS, ATHANESE	
STREET ADDRESS	950 SPANISH OAKS BLVD	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE	VTDS	☐ Delete
NAME	SPITHOURAKIS, GEORGE	
STREET ADDRESS	950 SPANISH OAKS BLVD	
CITY - ST - ZIP	PALM HARBOR FL 34683	
TITLE		☐ Delete
NAME		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY - ST - ZIP		

U00000564237
05/20/06-80052-009-150.00 ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/12/06 727-595-3656
Date: (Type or Print Name)