

FILED


May 27, 2003 8:00 am
Secretary of State

05-01-2003 90414 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

5.

55043776

DOCUMENT # P02000035643			
1. Entity Name UNIVERSAL WORLD SALES INC.			
Principal Place of Business 625 97TH AVE NORTH NAPLES FL 34108		Mailing Address 625 97TH AVE NORTH NAPLES FL 34108	
2. Principal Place of Business 625 97TH AVE NORTH Suite, Apt. #, etc.		3. Mailing Address 625 97TH AVE NORTH Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA		City & State NAPLES, FLORIDA	
Zip 34108	Country USA	Zip 34108	Country USA
4. FEI Number EIN 72-1523102		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.			
6. Name and Address of Current Registered Agent GANT, WAYNE D 625 97TH AVE NORTH NAPLES FL 34108		7. Name and Address of New Registered Agent 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 <u>Wayne D. Gant</u> ^{CEO} WAYNE D. GANT ^{CEO} <u>4-28-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GANT, WAYNE D 625 97 AVE. N NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUNT, JAMES 281 16TH ST. SE NAPLES FL 34110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EDERATI, ANTHONY 1320 ST-CLARE SHORES RD. NAPLES, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GANT, TALON A 625 97TH AVE N NAPLES FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Wayne D. Gant</u> ^{CEO} WAYNE D. GANT ^{CEO} <u>4-28-03</u> (229) 594-5693		Signature and Typed or Printed Name of Signing Officer or Director <u>Wayne D. Gant</u> ^{CEO} <u>4-28-03</u> (229) 594-5693	

CP2E034 (10/02)