2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000051711 **DOCUMENT#**

FILED Feb 04, 2003 8:00 am Secretary of State

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	1. Entity Nar UNIVERS	ne AL TRUST FUNDING, INC.				02-04-200	3 90121 0)27 ***15	50.00
SUIG. API #, etc. SUIG. API #,	5056 BOATH	DUSE DRIVE							
SUITO, ADD. #, ORC. SUITO, AD							 		
Action Country Country Section Secti					_	☐ CHECK HERE	IF MAKING	CHANGES	;
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAZLETON, ANA MARIA SOS6 BOATHOUSE DRIVE ORIANDO FL 32812 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 dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of registered agent, or both, in the State of Florida, I am familiar with, and accept the dobligation of Florida Plantary with,	City & State City & State City & State				•	4. FEI Number - 44969	28		• •
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Signal Address (P.O. Box Number is Not Accorptable) City FL Zip Code			- *		Name				
City FL Zip Code 8- The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Title NOW!!! FEE IS \$150.00		•	Street Address (P.O. Box Number is Not Acceptable)						
BY The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or presed warea of registered agent agent and site of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PHAZIETON, ANA MARIA SIREET ADDRESS CITY-ST-ZIP TITLE ORIGINATIONS SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITL	ORLAND (O FL 32812							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Afte	r May 1, 2003 Fee will be \$550.00	State					\$5.0 Adde	00 May Be d to Fees
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STREET ADDRESS STREET ADDRESS	TITLE NAME STREET ADDRESS		Delete	NAM	E			☐ Change	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.

CITY-ST-ZIP

SIGNATURE REQUIRE

CITY-ST-ZIP