

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

FILED
Jun 30, 2003 8:00 am
Secretary of State

6/9

06-09-2003 90118 007 ***150.00
06-30-2003 90064 042 ***400.00

DOCUMENT # P02000116119

1. Entity Name
UNIVERSAL INDUSTRIES LIMITED, INC.



Principal Place of Business
**1372 BENNETT DR UNIT 100
LONGWOOD FL 32750**

Mailing Address
**1372 BENNETT DR UNIT 100
LONGWOOD FL 32750**

2. Principal Place of Business
**3050 S. W. 14th Place
Suite, Apt. #, etc.
Unit 3**

3. Mailing Address
**1372 Bennett Dr.
Suite, Apt. #, etc.
Unit 100**

City & State
Boynton Beach, FL

City & State
Longwood, FL

Zip
33426

Country
Palm Beach

Zip
32750

Country
Seminole

4. FEI Number
43-1981729

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUCIA, JOSEPH S
1372 BENNETT DR UNIT 100
LONGWOOD FL 32750**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUCIA, JOSEPH S 1372 BENNETT DR UNIT 100 LONGWOOD FL 32750 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MARSHALL, RUSSELL 1372 BENNETT DR UNIT 100 LONGWOOD FL 32750 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Carriere, Frank 1372 Bennett DR. Unit 100 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> 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)(l), 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 or without other fee empowered.

SIGNATURE:  **6/27/03 407 830-4540**

DATE: _____ DAYTIME PHONE #: _____

CR2E034 (10/02)