Apr 25, 2003 8:00 am \$ Secretary of State 04-25-2003 90289 027 ***158.75

CR2E034 (10/02)

	BUSINESS REPORT (
OCUMENT #	P02000121485	

DOCUMENT # 1. Entity Name

UNIVERSE INCORPORATED



						NOO WE TO					
Principal Place of Business 7460 NORTH U.S. HIGHWAY NO. 1 UNIT 104 COCOA FL 32927		Mailing Address 7460 NORTH U.S. HIGHWAY NO. 1 UNIT 104 COCOA FL 32927									
2. Principal Place of Business			3. Mailing Address						20/01 10/0	i	
Suite, Apt. #, etc.			Suite, Apt. #, etc					CHECK*HERE*IF	MAKING	CHANGES	
City & State			City & State				4.	FEI Number 14-186	005	7 A	pplied For
Zip Country			Zip	Zip Country			5.	Certificate of Status Desired	X	\$8.75 Ad	
	6. Name	and Address of Current F	Registered A	Agent			7.	Name and Address of New Re	aistered A	aent	
				<u> </u>		Name					
SUNDIN, GLENN T					Street Address (P.O. Box Number is Not Acceptable)						
335 South Plumosa Street Suite a											
MERRITT ISLAND FL 32952						City				Zip Cod	de
	named entity ions of regist		the purpose	of changing its	registere	d office or reg	gistered a	gent, or both, in the State of Flori	ida. 1 am f	amiliar with	and accept
SIGNATURE .	Signature, typed	or printed name objegistered agent a	nd title if applicat	ole. (NOTE	Registered	Agent signature re	equired 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 Fina Trust Fund Contribution.			00 May Be d to Fees
10.		OFFICERS AND (DIRECTORS		11.	~		DDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	S IN 11
	D	0.1402.101.112	5##E0+0+#0					22,7,0,10,10,0,10,10,20,10,0,1,10	<u> </u>		
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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: