

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P 0200028270

1. Entity Name *Universal Exports Corporation*



FILED

2008 MAY -2 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

924 N.E. 24th Lane
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60777
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

Cape Coral, FL

City & State

Ft. Myers, FL

4. FEI Number

59-3762722

Applied For

Not Applicable

Zip

33909

Country

Lee

Zip

33906

Country

Lee

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jane Bevan

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

924 N.E. 24th Lane #1

City

Cape Coral

FL

Zip Code

33909

**DO NOT WRITE
IN THIS SPACE**

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

Jane Bevan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/2/08

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 *Jane Bevan President*
NAME
STREET ADDRESS *PO Box 60777*
CITY-ST-ZIP *Ft Myers FL 33906*

TITLE *Lisa Bevan Vice President*
NAME
STREET ADDRESS *PO Box 60777*
CITY-ST-ZIP *Ft Myers FL 33906*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jane Bevan

JANE BEVAN

5/2/08 239-939-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #