

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90062 025 \*\*\*150.00

**DOCUMENT # P03000057419**

1. Entity Name  
**UNIVERSAL MACHINE, INC.**



Principal Place of Business  
**205 E CHEROKEE AVE  
BUSHNELL, FL 33513**

Mailing Address  
**27 E ORANGE ST  
TARPON SPRINGS, FL 34689**

2. Principal Place of Business

3. Mailing Address  
**POST OFFICE BOX 1270**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BUSHNELL, FL**

Zip

Country

Zip

**33513**

Country

02252004

Chg-P

CR2E034 (10/03)

4. FEI Number

**16-1675887**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N  
27 E ORANGE ST  
TARPON SPRINGS, FL 34689**

7. Name and Address of New Registered Agent

Name  
**SULLIVAN, LEAH J.**

Street Address (P.O. Box Number is Not Acceptable)  
**205 EAST CHEROKEE AVENUE**

City  
**BUSHNELL**

**FL**

Zip Code  
**33513**

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 *x Leah J. Sullivan*

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

(NOTE: Registered Agent signature required when reinstating)

*x 3-16-04*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
**D  
SULLIVAN, DANIEL F  
205 E CHEROKEE AVE  
BUSHNELL, FL 33513** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SULLIVAN, LEAH J  
205 E CHEROKEE AVE  
BUSHNELL, FL 33513** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SULLIVAN, LEAH J.  
205 EAST CHEROKEE AVENUE  
BUSHNELL, FL 33513** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ 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.

SIGNATURE: *x Leah J. Sullivan* **LEAH J. SULLIVAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 3-16-04*

Date

Daytime Phone #