

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
May 20, 2004 8:00 am
Secretary of State

04-29-2004 90350 012 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P03000060567					
1. Entity Name UNIVERSITY ALF, INC.					
Principal Place of Business 24328 MISTWOOD CT LUTZ FL 33549			Mailing Address 24328 MISTWOOD CT LUTZ FL 33549		
2. Principal Place of Business 13121 N. 25th Street		3. Mailing Address P.O. Box 280415			
Suite, Apt. #, etc. TAMPA, FL		Suite, Apt. #, etc. TAMPA, FL			
City & State		City & State			
Zip 33612	Country USA	Zip 33682	Country USA		
6. Name and Address of Current Registered Agent LEGG, JOHN W 24328 MISTWOOD CT LUTZ FL 33549			7. Name and Address of New Registered Agent Name John W. Legg Street Address (P.O. Box Number is Not Acceptable) President 13121 N. 25th ST City TAMPA FL Zip Code 33612		
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 <u><i>John W. Legg</i></u> President 4-27-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer Tamia Legg 13121 N. 25th ST TAMPA, FL 33612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John W. Legg 13121 N. 25th ST TAMPA, FL 33612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u><i>John W. Legg</i></u> John W. Legg 4-27-04 813-910-8469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					