

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079093

FILED
Feb 10, 2009
Secretary of State

Entity Name: UNIVERSAL MANAGEMENT CONSULTING SERVICES, INC.

Current Principal Place of Business:

#1 BEACH DRIVE
#2002
ST. PETERSBURG, FL 33701

Current Mailing Address:

#1 BEACH DRIVE
#2002
ST. PETERSBURG, FL 33701

New Principal Place of Business:

411 N, NEW RIVER DR. E.
#2805
FORT LAUDERDALE, FL 33301

New Mailing Address:

411 N, NEW RIVER DR. E.
#2805
FORT LAUDERDALE, FL 33301

FEI Number: 14-1895626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLBY, ALFRED A
101 EAST KENNEDY BOULEVARD
SUITE 3140
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

COLBY, ALFRED A
305 S. BOULEVARD
TAMPA, FL 33606 US

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.

SIGNATURE:

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POLAND, DOUG
Address: #1 BEACH DRIVE #2002
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D () Delete
Name: POLAND, LEONA
Address: #1 BEACH DRIVE #2002
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: POLAND, DOUG
Address: 411 N. NEW RIVER DR. E. APT. 2805
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D (X) Change () Addition
Name: POLAND, LEONA
Address: 411 N. NEW RIVER DR. E. APT. 2805
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS A. POLAND

DIR.

02/10/2009

Electronic Signature of Signing Officer or Director

Date