

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90395 013 \*\*\*158.75

**DOCUMENT # P03000154897**

1. Entity Name  
**UNIVERSAL AIR CARE SERVICES, INC.**



Principal Place of Business  
**131 BELMONT DR  
WINTER HAVEN FL 33884**

Mailing Address  
**131 BELMONT DR  
WINTER HAVEN FL 33884**

**66414751**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
**131 Belmont Dr.**

3. Mailing Address  
**131 Belmont Dr.**

Suite, Apt. #, etc.

City & State  
**Winter Haven, FL**

City & State  
**Winter Haven, FL**

4. FEI Number  
**56-2419375**

Applied For  
☐ Not Applicable

Zip  
**33884**

Country  
**USA**

Zip  
**33884**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CUEVES, JOSE  
131 BELMONT DR  
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name  
**Jose Cuevas**

Street Address (P.O. Box Number is Not Acceptable)  
**131 Belmont Dr.**

City  
**Winter Haven**

FL Zip Code  
**33884**

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 **[Signature]** DATE **3-26-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$350.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Jose H. Cuevas 131 Belmont Dr. Winter Haven, FL 33884</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>N/A</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: **[Signature]** DATE **3-26-04** DAYTIME PHONE # **863-412-1207**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR