


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90027 010 \*\*\*150.00

**DOCUMENT # P05000149506**

1. Entity Name  
 UNIVERSITY AUTOMOTIVE, INC.



Principal Place of Business      Mailing Address  
 9011 EAST COLONIAL DRIVE      9011 EAST COLONIAL DRIVE  
 ORLANDO, FL 32817              ORLANDO, FL 32817

40036468

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 9001 E Colonial Dr      9001 E Colonial Dr

Suite, Apt. #, etc.      Suite, Apt. #, etc.



01122007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
 20-3760781      Not Applicable

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

**6. Name and Address of Current Registered Agent**

FWLER WHITE BOGGS BANKER P.A.  
 ATTN: MICHAEL E. GOODBREAD, JR  
 50 NORTH LAURA STREET STE 2200  
 JACKSONVILLE, FL 32202

**7. Name and Address of New Registered Agent**

Name

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

City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATKINSON, CARL R			NAME			
STREET ADDRESS	9001 E COLONIAL DR			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32817			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, FRANK J			NAME			
STREET ADDRESS	9001 E COLONIAL DR			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32817			CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALDEN, EDWARD M			NAME			
STREET ADDRESS	9001 E COLONIAL DR			STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32817			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Edm Ald      1/12/07      407 275 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #