


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90221 024 ***150.00

DOCUMENT # P07000000508 1. Entity Name UNIVERSAL PAINT & DESIGN SERVICES, INC.					
Principal Place of Business 2440 STICKNEY POINT ROAD SARASOTA, FL 34231			Mailing Address 2440 STICKNEY POINT ROAD SARASOTA, FL 34231		
2. Principal Place of Business - No P.O. Box # 2532 Trailmate Dr		3. Mailing Address 5102 60th Dr E			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Sarasota, FL		City & State Bradenton, FL		4. FEI Number 20-8154397	
Zip 34243		Zip 34203		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNTZ, EILEEN T 2440 STICKNEY POINT ROAD SARASOTA, FL 34231			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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and use if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	P KUNTZ, JOHN C 2440 STICKNEY POINT ROAD SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kuntz, John C 5102 60th Dr E Bradenton, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUNTZ, EILEEN T 2440 STICKNEY POINT ROAD SARASOTA, FL 34231		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kuntz, Eileen T 5102 60th Dr E Bradenton, FL 34203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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: <u>Eileen Kuntz</u> 2-1-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40090303



02012008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable