2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# P07000054883

Entity Name: UNIVERSAL INSURANCE PARTNERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

900 S. ORANGE BLOSSOM TRAIL
SUITE B
APOPKA, FL 32703

New Principal Place of Business:

2582 S. MAGUIRE ROAD
SUITE #137
OCOEE, FL 34761

Current Mailing Address:

2582 S MAGUIRE RD
STE # 137
OCOEE, FL 34761

New Mailing Address:

2582 S. MAGUIRE ROAD
SUITE #137
OCOEE, FL 34761

FEI Number: 26-0172361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM N. ASMA, P.A.
884 S DILLARD ST
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: OZDEMIR, KATHERINE
Address: 2582 S MAGUIRE RD - STE 137
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: KATHERINE OZDEMIR PSTD 01/26/2009
Electronic Signature of Signing Officer or Director Date