FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jan 30, 2002 8:00 am **Secretary of State** DOCUMENT # P93000007603 1. Entity Name 01-30-2002 90129 049 ***150.00 UNIVERSAL COMMUNICATIONS SERVICES OF FLORIDA, IN Principal Place of Business Mailing Address 212 REGIS COURT 212 REGIS COURT LONGWOOD FL 32779 LONGWOOD FL 32779 US 3. Mailing Address 2. Principal Place of Business 1004 Foggy Brook PL Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3157480 Not Applicable -ONG WOOD Country \$8.75 Additional 5. Certificate of Status Desired 327*5*0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KARNES, GEORGE 212 REGIS CT LONGWOOD FL 32779 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01)TITLE Change Addition Delete TITLE GLORGE KARVES NAME KARNES, GEORGE L NAME Longwood FL 32750 STREET ADDRESS STREET ADDRESS 212 REGIS CT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if