

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000019090**
1. Corporation Name **UNIVERSAL STRUCTURES OF
CENTRAL FLORIDA, INC**

APPROVED
AND
FILED

95 MAY -1 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**8681 Bardmoor Blvd. Suite 608
Largo, FL 34647**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **59-3236129** Applied For
Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199 (3)?
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**R. L. Weir
8681 Bardmoor Blvd. Suite 608
Largo, FL 34647**

81 Name **R. L. Weir**
82 Street Address (P.O. Box Number is Not Acceptable)
8681 Bardmoor Blvd #608
83
84 City **Largo** FL 85 Zip Code
34647

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

R. L. Weir

Signature typed or printed name of registered agent and title if applicable

(if not) Registered Agent signature required when resigning

4/15/95
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**Treasurer, R. L. Weir
8681 Bardmoor Blvd, #608
Largo, FL 34647**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**Secretary, Karol Lavia
8681 Bardmoor Blv. #608
Largo, FL 34647**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
**President, CEO, Director
R. L. Weir
8681 Bardmoor Blvd #608, Largo FL 34647**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**Vice Pres
Karol Lavia
8681 Bardmoor Blvd, Suite 608
Largo, FL 34647**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
**000001518180
-06/20/95--01112--004
***200.00**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
Roberto Lavia : Eliminate as Director

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

R. L. Weir

R. L. Weir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1995

Date

Signature Number 1

REMITTED BY MAY 1