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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90295 016 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000006440

1. Corporation Name

UNIVERSAL INDUSTRIES, INCORPORATED

Principal Place of Business

2212 E 4TH AVE.
TAMPA FL 33605-4461
US

Mailing Address

P O BOX 24461
TAMPA FL 33623-4461
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 PO Box 24461		26		01/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3224112	
City & State		City & State		Applied For	
23 Tampa FL 33623-4461		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24 33623 4461		25 US		X	
29		30		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
29		30		Trust Fund Contribution	
Country		Country		7. This corporation owes the current year Intangible	
29		30		Personal Property Tax.	
Country		Country		8. Yes <input type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

SILVER, PAUL R
12811 N NEBRASKA AVE
UNIT D
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PCEO	1.1 TITLE	
NAME	SILVER, PAUL R	1.2 NAME	
STREET ADDRESS	12811 N NEBRASKA AVE, UNIT D	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	COVEY, LARRY	2.2 NAME	
STREET ADDRESS	16124 FOXFIRE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WALL, RAY LEE	3.2 NAME	
STREET ADDRESS	ROAD 1622, ABIQUIU ESTATES, LOT #44	3.3 STREET ADDRESS	
CITY-ST-ZIP	ABIQUIU NM 87510	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Paul R. Silver 4/24/99 727-815-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)