## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000020505**

1. Corporation Name

Principal Place of Business

UNIVERSAL ELECTRIC LIGHT, INC.

9861 WEST SAMPLE ROAD BAY 205 CORAL SPRINGS FL 33065		9861 WEST SAMPLE ROAD BAY 205 CORAL SPRINGS FL 33065				3.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed						
							03/16/1994						
2. Principal Pi	ace of Business	2a. Mailing Address 26	<u> </u>			4. FEI Number 65-0476494				_	<del></del>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired	. 🗆			.75 A	dditional quired	
City & State	•	City & State				6.	Election Campaign Financin Trust Fund Contribution	ng 🗆			5.00 h dded to	May Be Fees	
Zip	Country ·	Zip 29	Count	try		8.	This corporation owes the c Personal Property Tax.	urrent year li		gible ¶Ye		□No	
=.: <b>_</b>	9. Name and Address of Cur	rent Registered Agent				10.	Name and Address of Nev	v Registere	d Ag	ent			
454	IT ED 10011		8	81	Name		•	•					
9861	NZLER, JODI L WEST SAMPLE ROAD		1	82	Street A	ddress (F	P.O. Box Number is Not Acce	ptable)					
BAY			8	83		,		•					
COR	AL SPRINGS FL 33065		Ē	B4	City			F	L	85	Zip C	ode	
office or re agent. I ar	enistered agent, or both, in the St	0502 and 607.1508, Florida Statute ate of Florida. Such change was at ligations of, Section 607.0505, Flor	itnonzea i	סע נ	tne corpor	orporation ation's bo	on submits this statement for to loard of directors. I hereby ac	he purpose of cept the app	of ch ointn	angi nent	ng its i as reg	registered pistered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE:	Registered A	gent	t signature req	quired when i	reinstating)	DATE					
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICERS A					
TITLE	D	☐ DELETE	1.1 TITU	E					[	CI	hange	Addition	
NAME	KRANZLER, JODI L		1.2 NAM	Æ									
STREET ADDRESS	9861 WEST SAMPLE ROAD		1.3 STR	EET	ADDRESS								
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY		ZIP			<del></del>	<u> </u>	70	nange	Addition	
TITLE		☐ DELETE	2.1 TITL		1				L		milgo		
NAME			2.2 NAV										
STREET ADDRESS	·		- 1		ADDRESS							,	
CITY-ST-ZIP	·_·	☐ DELETE	2. 4 CIT		r-zip		<del></del> -		<del>_</del> _ r	7.0	nange	Addition	
TITLE		C1 DECE15	3.1 TITL							_, _,	ici, igio		
NAME			3.2 NAW										
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL		1-ZIP			-		ΠC	hange	Addition	
TITLE			4, 2 NA						-		•	_	
NAME					ADDRESS								
STREET ADDRESS			4.4 CITY			-							
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITL		-23F					<u></u>	hange	Addition	
NAME			5.2 NAM										
STREET ADDRESS			5.3 STR	EET	ADDRESS								
			5.4 CITY										
CITY-ST-ZIP	Artin m	☐ DELETE	6.1 TITL							Īc	hange	Addition	
NAME	*		6.2 NAM	Æ									
STREET ADDRESS			6.3 STR	REET	ADORESS								

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.

6.4 CITY-ST-ZIP

CITY-ST-7IP



Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90040 037 \*\*\*150.00