

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90003 026 ***150.00

DOCUMENT # 1994000087517
Corporation Name
UNIVERSAL TESTING INTERNATIONAL, INC

Principal Place of Business
1490, CHALET PL
PENSACOLA, FL 32514
Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified DEC 2 1994	
4. FEI Number 59-328-0070	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent KRIS KUMAR 1490, CHALET PL PENSACOLA, FL 32514	
10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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] REGISTERED AGENT. 8-30-99.
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME MRS. VAIDEHI KUMAR. 1490, CHALET PL PENSACOLA, FL 32514	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	1.2 NAME	
3. STREET ADDRESS	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	2.2 NAME	
7. STREET ADDRESS	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	4.2 NAME	
15. STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	5.2 NAME	
19. STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	6.2 NAME	
23. STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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: [Signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-99. 850-969-9481
Date Daytime Phone #

CR2E034 (11/98)



Universal Testing International, Inc.

1490 Chalet Place
Pensacola, FL 32514

850

(904) 969-9481 Tel.
(904) 969-9482 Fax

Pg 4000087517
613838-90003

TO, DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

8-30-99

REF; ANNUAL REPORT-FILED ON 4-28-99

SIR/MADAM,

We filed the annual report on 4-28-99. We had also sent a check for \$150. That check has not reached our bank. So when I called your office I found out that there was no record of it. I am filing this one after I received this form from your office.

THANK YOU

YOURS,

Kris Kumar

KRIS KUMAR
REGISTERED AGENT

P.S.

CK# 1032 ENCLOSED
REPLACES CK# 979.