

# P95000038145

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 15 AM 10:40

W95-10216

db 5/15/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	_____	_____	_____

WALK-IN 5:12 2pm  
Will Pick Up \_\_\_\_\_

RE: Universal Administrative

Services, Inc.

C.C. FEE. DISBURSED

<input checked="" type="checkbox"/> Capital Express™	_____
<input checked="" type="checkbox"/> Art. of Inc. File	_____
<input type="checkbox"/> Corp. Record Search	_____
<input type="checkbox"/> Ltd. Partnership File	_____
<input checked="" type="checkbox"/> Foreign Corp. File	_____
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)	_____
<input type="checkbox"/> Art. of Amend. File	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____
<input type="checkbox"/> C U S	_____
<input type="checkbox"/> Fictitious Name File	_____
<input type="checkbox"/> Name Reservation	000001486640
<input type="checkbox"/> Annual Report/Reinstatement	-05/12/95--01067--031
<input type="checkbox"/> Reg. Agent Service	****122.50 ****122.50
<input type="checkbox"/> Document Filing	_____
<input type="checkbox"/> Corporate Kit	_____
<input type="checkbox"/> Vehicle Search	_____
<input type="checkbox"/> Driving Record	_____
<input type="checkbox"/> Document Retrieval	_____
<input type="checkbox"/> UCC 1 or 3 File	_____
<input type="checkbox"/> UCC 11 Search	_____
<input type="checkbox"/> UCC 11 Retrieval	_____
<input type="checkbox"/> File No.'s, _____ Copies	_____
<input type="checkbox"/> Courier Service	_____
<input type="checkbox"/> Shipping/Handling	_____
<input type="checkbox"/> Phone ( )	_____
<input type="checkbox"/> Top Priority	_____
<input type="checkbox"/> Express Mail Prep.	_____
<input type="checkbox"/> FAX ( )	pgs. _____

### SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

RECEIVED  
MAY 12 PM 2:13  
DIVISION OF CORPORATIONS

RECEIVED  
95 MAY 15 AM 9:12  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 12, 1995

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: UNIVERSAL ADMINISTRATIVE SERVICES, INC.  
Ref. Number: W95000010216

We have received your document for UNIVERSAL ADMINISTRATIVE SERVICES, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 395A00024620

*4 Connected*

**ARTICLES OF INCORPORATION  
OF  
UNIVERSAL ADMINISTRATIVE SERVICES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 15 AM 10:41

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be:

Universal Administrative Services, Inc.

**ARTICLE II: DURATION**

The corporation shall have perpetual existence.

**ARTICLE III: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be: Rubin Icot Center, 13830 58th Street N., Suite 404, Clearwater, Florida 34620.

**ARTICLE IV: CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares having a par value of one dollar (\$1.00) per share.

**ARTICLE V: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is Capital Connection, Inc., 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

**ARTICLE VI: INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is John N. Blair, 110 Pearl Street, Suite 400, Buffalo, New York 14202.

The undersigned has executed these Articles of Incorporation this 11th day of May, 1995.

  
\_\_\_\_\_  
John N. Blair, Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 15 AM 10:41

Pursuant to the provisions of Section 607.0501, Florida statutes, the mentioned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Universal Administrative Services, Inc.

2. The name and address of the registered agent and office is Capital Connection, Inc., 417 E. Virginia Street, Suite 1, Tallahassee, Florida 32301.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Capital Connection, Inc.

By: Barbara Neely

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # **P95000038145**

96 DEC -2 PM 2:36

1. Corporation Name  
**UNIVERSAL ADMINISTRATIVE SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**RUBIN ICOT CENTER  
13830 58TH STREET N., SUITE 404  
CLEARWATER FL 34620**

**RUBIN ICOT CENTER  
13830 58TH STREET N., SUITE 404  
CLEARWATER FL 34620**



700002021807--2

-12/06/96--01019--024

\*\*\*175.00 \*\*\*175.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1995

State, Apt. #, etc

State, Apt. #, etc

5. FEI Number

06-1427598

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
SY.	ERNESTO SCALISE	RUBIN ICOT CENTER 13830 58TH ST. N. ST. 404	Clearwater FL 34620
V.P.	JAMES DONOVAN	RUBIN ICOT CENTER 13830 58TH ST. N. ST. 404	Clearwater FL 34620
Secy			

REINSTATEMENT

11/96  
J. Donovan  
12-2-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CAPITAL CONNECTION  
417 E. VIRGINIA STREET, SUITE 1  
TALLAHASSEE FL 32302**

**JAMES DONOVAN  
RUBIN ICOT CENTER  
13830 58TH ST. N. ST. 404  
CLEARWATER FL 34620**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of a registered agent under section 607.0505, F.S.

Signature of Registered Agent *James J. Donovan*

REGISTERED AGENT

Date 11/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *James J. Donovan*  
SIGNATURE AND TYPED OR PRINTED NAME

DATE

11/1/96

(813) 524-1544

Daytime Phone #