

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90141 008 ***150.00

DOCUMENT # P95000038145

1. Corporation Name

UNIVERSAL ADMINISTRATIVE SERVICES, INC.

Principal Place of Business

2240 WHITFIELD INDUSTRIAL WAY
SARASOTA FL 34243

Mailing Address

P O BOX 12556
ST PETERSBURG FL 33733
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

06-1427598

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 13575 58th ST. N.
Suite, Apt. #, etc.

22 180

City & State

23 Clearwater FL

Zip

24 33760

Country

25 Pineelles

2a. Mailing Address

26 13575 58th ST. N.
Suite, Apt. #, etc.

27 180

City & State

28 Clearwater FL

Zip

29 33760

Country

30 Pineelles

9. Name and Address of Current Registered Agent

ZRADICKA, ROBERT
2240 WHITFIELD INDUSTRIAL WAY
SARASOTA FL 34243

81 Name

George Seltman

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

13575 58th ST. N.

83

Suite 180

84 City

Clearwater

FL

85 Zip Code

33760

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

TITLE VP'S ☒ DELETE

NAME ZRADICKA, ROBERT
STREET ADDRESS 2240 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP SARASOTA FL 34243

TITLE TD ☒ DELETE

NAME ZRADICKA, ROBERT
STREET ADDRESS 2240 WHITFIELD INDUSTRIAL WAY
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ DELETE

NAME George Seltman
STREET ADDRESS 13575 58th ST. N.
CITY-ST-ZIP Clearwater, FL 33760

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0425607