

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

FILED
Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morikham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000062905 (1)**

1. Corporation Name

UNIVERSAL MONITORING, INC.

Principal Place of Business

**1376 MCARTHUR ST
JACKSONVILLE FL 32205
US**

Mailing Address

**1376 MCARTHUR STREET
JACKSONVILLE FL 32205
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

08/15/1995

4. FEI Number

59-3333397

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 or has paid the current year Intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHITMARSH, STEVEN J
1376 MCARTHUR STREET
JACKSONVILLE FL 32205**

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 607.0542 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 607.0595, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent with title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

PTD
TITLE
NAME **WHITMARSH, STEVEN J**
STREET ADDRESS **8838 PHILLIPS HIGHWAY, SUITE 6**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE

VD
TITLE
NAME **WHITMARSH, STEVEN J II**
STREET ADDRESS **8838 PHILLIPS HIGHWAY, SUITE 6**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

☐ DELETE

SD
TITLE
NAME **WHITMARSH, CATHERINE L**
STREET ADDRESS **8838 PHILLIPS HIGHWAY, SUITE 6**
CITY-ST-ZIP **JACKSONVILLE FL**

☐ DELETE

DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1376 MCARTHUR ST JAX FL 322
P.O. BOX 24665
JACKSONVILLE FL 32241

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SAME AS ABOVE
P.O. BOX 24665
JACKSONVILLE FL 32241

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
SAME AS ABOVE
P.O. BOX 24665
JACKSONVILLE FL 32241

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
CHANGE

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
CHANGE

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
1.00002554281
-06/10/98-01022-019
*****150.00**

☐ Change ☐ Addition

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.

CR2E003 (10/97)