FILED

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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**

DOCUMENT # P95000062905

1. Corporation Name

UNIVERSAL MONITORING, INC.						
Principal Place		Mailing Address				
1376 MCARTHUR ST 1376 MCARTHUR STREET JACKSONVILLE FL 32205 JACKSONVILLE FL 32205						
US US					DO NOT WRITE I	N THIS SPACE
					3. Date Incorporated or Qualifed	
					08/15/1995	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-3333397	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible ☐ Yes XNo
24	25		30		Personal Property Tax. 10. Name and Address of New Regi	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent
WILLIAM OCH CTEVEN I						
WHITMARSH, STEVEN J 1376 MCARTHUR STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32205			83			
UAC!	SOCIATILLE 1 E OZZOO		03			
			84	City		85 Zip Code
144 December 15 provisions of Sections 607 0502 and 607 1508 Florida Statutes the above					poration submits this statement for the pur	
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 register 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 registere agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						e appointment as registered
	n familia with, and accept the anigar	ons or, section 507.0005, FIO	noa Statutes	•		ĺ
SIGNATURE	Signature, typed printed name of registered agent	and title if applicable. (NOTE	: Registered Ager	nt signature requin	ed when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	WHITMARSH, STEVEN J		1.2 NAME			
STREET ADDRESS			1.3 STREET	TADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241		1.4 CITY-S	T-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	WHITMARSH, STEVEN J II		2.2 NAME	ļ		
STREET ADDRESS	1376 MCARTHUR STREET, P.O.	BOX 24665	2.3 STREE	TADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241		2. 4 CITY-5	ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE			Change Addition
NAME	WHITMARSH, CATHERINE L		3.2 NAME			
STREET ADDRESS	1376 MCARTHUR STREET, SUI	TE 24665	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32241		3.4. CITY-5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change .
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADORESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS		

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 an an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP