

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000064520

1. Entity Name

UNIVERSAL PROBLEM SOLVERS, INC.

Principal Place of Business

1660 MAGNOLIA DR
CLEARWATER FL 33756
US

Mailing Address

504 VILLAGE DR
504
FAIRMONT WV 26554
US

2. Principal Place of Business

3. Mailing Address

7501 Ulmerton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#823

City & State

City & State

Largo, FL

Zip

Country

Zip

Country

33771

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENTI, JEANETTE Y
1660 MAGNOLIA DRIVE
CLEARWATER FL 33756

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
ROMANIUK, STEVE
504 VILLAGE DR #504
FAIRMONT WV 26554 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
Romaniuk, Steve
7501 Ulmerton Rd. #823
Largo, FL 33771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
ROMANIUK, LISA
504 VILLAGE DR #504
FAIRMONT WV 26554 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
Romaniuk, Lisa
7501 Ulmerton Rd. #823
Largo, FL 33771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa Romaniuk VICE PRESIDENT 2/17/2001 (727) 530-3742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)