

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000073586 (6)

1. Corporation Name

UNIVERSAL BUSINESS CONSULTANTS, INC.



Principal Place of Business

1059 MAITLAND CENTER COMMONS  
MAITLAND FL 32751

Mailing Address

1059 MAITLAND CENTER COMMONS  
MAITLAND FL 32751

3. Date Incorporated or Qualified  
09/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 400 E HWY 436

Suite, Apt. #, etc.

22 SUITE 202

City & State

23 CASSELBERRY FL

24 Zip 32707

Country

2a. Mailing Address

26 400 E HWY 436

Suite, Apt. #, etc.

27 SUITE 202

City & State

28 CASSELBERRY FL

29 Zip 32707

Country

4. FEI Number  
59-3349721

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTUNES, CHERYL L

1059 MAITLAND CENTER COMMONS  
MAITLAND FL 32751

400 E HWY 436  
SUITE 202  
CASSELBERRY FL 32707

81 Name

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

400 E HWY 436

83 SUITE 202

84 City CASSELBERRY

FL

85

Zip Code  
32707

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

C. L. Antunes / C. L. ANTUNES

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

(NOTE: Registered Agent signature required when installing)

4/29/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D ANTUNES, CHERYL L

STREET ADDRESS 1059 MAITLAND CENTER COMMONS  
MAITLAND FL 32751

CITY - ST - ZIP

TITLE ☐ DELETE

NAME 400 E HWY 436, SUITE 202

STREET ADDRESS CASSELBERRY FL 32707

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

SIGNATURE:

C. L. Antunes / C. L. ANTUNES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
DATE

Signature Printed Name

CR2E034 (12/95)