

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90325 026 ***150.00

DOCUMENT # P95000083944

1. Entity Name
UNIVERSAL MANAGEMENT SYSTEMS CORPORATION

Principal Place of Business Mailing Address
9235 8TH AVE 9235 8TH AVE
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3343454** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, GLEN W
9235 8TH AVE
JACKSONVILLE FL 32208

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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 ☐ Delete
 NAME **D GREEN, FLORETTA**
 STREET ADDRESS **P O BOX 4361 N/A**
 CITY-ST-ZIP **JACKSONVILLE FL 32201**

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

TITLE ☒ Delete
 NAME **D HENDERSON, NOAH B**
 STREET ADDRESS **6235 NANCY DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Change ☒ Addition
 NAME **MILLS, SHIRLEY A**
 STREET ADDRESS **9235 8TH Avenue**
 CITY-ST-ZIP **Jacksonville, Florida 32208**

TITLE ☐ Delete
 NAME **MILLS, GLEN W**
 STREET ADDRESS **9235 8TH AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE ☐ Delete
 NAME **MILLS, MARK A**
 STREET ADDRESS **9235 8TH AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE ☐ Delete
 NAME **D SHAKIR, HANIF**
 STREET ADDRESS **654 N. 15TH ST.**
 CITY-ST-ZIP **PHILADELPHIA PA 19130**

TITLE ☒ Change ☐ Addition
 NAME **SHAKIR, HANIF**
 STREET ADDRESS **111 PENN STREET**
 CITY-ST-ZIP **Camden, NJ 08102**

TITLE ☐ Delete
 NAME **D FALANA, STACY A**
 STREET ADDRESS **2239 W. 17TH ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

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: GLEN W. MILLS **GLEN W. MILLS**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **904 768-9155**
 Date Daytime Phone #

CR2E034 (10/00)