

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000087038**1. Entity Name  
UNIVERSAL TRAY SERVICES, INC.

Principal Place of Business 2198 MAIN ST  SARASOTA FL 34237	Mailing Address 2198 MAIN ST  SARASOTA FL 34237
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2. Principal Place of Business 6850 CLEVELAND DRIVE	3. Mailing Address 6850 CLEVELAND DRIVE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PUNTA GORDA FL	City & State PUNTA GORDA FL
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Zip 33982	Country US	Zip 33982	Country US
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4. FEI Number <b>65-0620222</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**JAENSCH PETER J  
2190 MAIN ST.  
  
SARASOTA FL 34237**7. Name and Address of New Registered Agent**Name  
PEPPER NEIL A  
Street Address (P.O. Box Number is Not Acceptable)  
6850 CLEVELAND DRIVE.  
  
City  
PUNTA GORDA FL Zip Code  
33982

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 **NEIL PEPPER****04/29/2001**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER LINDA 607 VIA TRIPOLI SUITE 2 PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER NEIL 607 VIA TRIPOLI SUITE 2 PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER LINDA 6850 CLEVELAND DRIVE PUNTA GORDA FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEPPER NEIL 6850 CLEVELAND DRIVE PUNTA GORDA FL 33982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Neil Pepper**

d

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)