

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90369 046 ***150.00

DOCUMENT # P96000013049

1. Entity Name
UNIVERSAL SOFTWARE SOLUTIONS, INC.



Principal Place of Business
**101 N GARDEN AVE
SUITE 220
CLEARWATER, FL 33755 US**

Mailing Address
**101 N GARDEN AVE
SUITE 220
CLEARWATER, FL 33755 US**

DO NOT WRITE IN THIS SPACE

02192007 No Chg-P CR2E034 (11/05)

4. FEI Number
95-3795856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KINGSBURY, DANIEL
101 N GARDEN AVE
SUITE 220
CLEARWATER, FL 33755**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
KINGSBURY, DANIEL
101 N GARDEN AVE, STE 220
CLEARWATER, FL 33755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KINGSBURY, DANIEL
101 N GARDEN AVE, STE 220
CLEARWATER, FL 33755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like and empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03 08 2007