FILED
Jun 30, 2003 8:00 am
Secretary of State
06-20-2003 90029 018 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000033749

1. Entity Name
UNIVERSAL OFFICE SOLUTIONS INC.

55050187

[redacted]

Principal Place of Business	Mailing Address
1421 NE 13 AVE FORT LAUDERDALE, FL 33304 US	1421 NE 13 AVE FORT LAUDERDALE, FL 33304 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 6900 SW 21st CT	3. Mailing Address: 6900 SW 21st CT
Suite, Apt. #, etc.: #15	Suite, Apt. #, etc.: #15
City & State: Davie, FL	City & State: Davie, FL
Zip: 33317 Country:	Zip: 33317 Country:

4. FEI Number: 65-0677595 ☐ 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
SINGER, BERNARD A 4700 SHERIDAN STREET, SUITE B HOLLYWOOD, FL 32301	Name: Laureen M. Hobdy Street Address (P.O. Box Number Is Not Acceptable): 6900 SW 21st CT #15 City: Davie FL Zip Code: 33317

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBDY, JUDD 302 NW 69TH AVE #158 PLANTATION, FL 33317 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Laureen M. Hobdy 6900 SW 21st CT #15 Davie, FL 33317 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laureen M. Hobdy Laureen M. Hobdy 6/16/03 954 693 4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)