FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 28, 2001 8:00 am DOCUMENT # P96000055013 **Secretary of State** UNIVERSAL SECURITIES ACCOUNTING, INC. 03-28-2001 90207 019 \*\*\*150.00 Principal Place of Business Mailing Address 1014 RUSSELL DRIVE C/O BRIAN TAMONEY HIGHLAND BEACH FL 33487 2200 N. FEDERAL HWY. #228 BOCA RATON FL 33431 2. Principal Place of Business 3, Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0677488 Not Applicable Country .~ Country \*\* \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMONEY, BRIAN C Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY. #228 **BOCA RATON FL 33431** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change DERRING, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2593 HAMPTON COURT CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME ARCHER, WILLIAM NAME STREET ADDRESS 1014 RUSSELL DR. STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP. -HIGHLANDS BCH: FL 33487-TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.