## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P96000056403**

Country

6. Name and Address of Current Registered Agent

PRIVATE UNIVERSE, INC.

Principal Place of Business

2. Principal Place of Business

- CARLTON, EMILEE'S"

425 ALBERTA DR WINTER PARK FL 32789 Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

City & State

425 ALBERTA DR WINTER PARK FL 32789

Suite, Apt. #, etc.

City & State

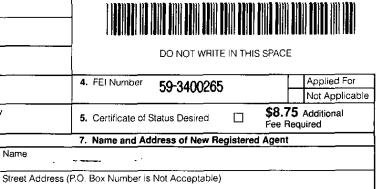
Zip

P.O. BOX 3122

WINTER PARK FL 32790-3122

## FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90022 001 \*\*\*150.00



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.

Country

SIGNATURESignature, to	ped or printed name of registered agent and t	itle if applicable.	(NOTE: Registered Agent signature required v	when re	einstating)	DATE
	eligible to satisfy its Intangible nt and elects to do so.	After M	E NOW!!! FEE IS \$150.00 IAY 1, 2000 Fee will be \$550.00 ck Payable to Department of State	e	Election Campaign Financia Trust Fund Contribution	ng [
11	OFFICERS AND DIE	RECTORS	12	ΑD	DITIONS/CHANGES TO DEFICER	SANC

**\$5.00** May Be Added to Fees

FI

Zip Code

**DIRECTORS IN 11 DPST** ☐ Change ☐ Addition □ Delete TITLE CARLETON, EMILEE S NAME 425 ALBERTA DR STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY ST ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITI: ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS OF ST ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HILE NAME STREET ADDRESS SHEET ADDRESS ST ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS ..... ENNERGY CITY-ST-ZIP ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS CHEST BUNDESS CITY-ST-ZIP ST-ZIP

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 of 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99