

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90115 043 ***150.00

DOCUMENT # P96000075921

1. Corporation Name
UNIVERSAL SEALS, INC.

Principal Place of Business
26 HARBOR LAKE CIRCLE
SAFETY HARBOR FL 34695

Mailing Address
26 HARBOR LAKE CIRCLE
SAFETY HARBOR FL 34695

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1996

4. FEI Number

59-3411987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional-
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 10455 SO.SUNCOAST BLVD.

Suite, Apt. #, etc.
22 LOT #56

City & State

23 HOMOSASSA, FL

Zip

24 34446

Country

25 USA

2a. Mailing Address

26 10455 SO.SUNCOAST BLVD.

Suite, Apt. #, etc.
27 LOT #56

City & State

28 HOMOSASSA, FL

Zip

29 34446

Country

30 USA

9. Name and Address of Current Registered Agent

SPANOLIS, JAMES J ESQ.
36358 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WHITNEY, SHIRLEY
STREET ADDRESS 26 HARBOR LAKE CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VP ☐ DELETE

NAME WHITNEY, JOHN F.
STREET ADDRESS 26 HARBOR LAKE CIRCLE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/15/99 (352) 382-0701

CR2E034 (11/98)