

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000075921

1. Entity Name
UNIVERSAL SEALS, INC.



Principal Place of Business
**5451 SE CELESTIAL CIR
STUART, FL 34997 US**

Mailing Address
**5451 SE CELESTIAL CIR
STUART, FL 34997 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3411987

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

**GREEN, JAMES DAVID ESQ
9030 W FORT ISLAND TRAIL #5
CRYSTAL RIVER, FL 34429**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: If a signed Agent's signature is required when transferring)

5/10/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
VP
WHITNEY, JOHN F.
7046 WEST LINCOLNSHIRE DRIVE
HOMOSASSA, FL 34446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
**U00000160341
05/13/04-80018-005 150.00**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
WHITNEY, PATRICIA M
5451 SE CELESTIAL CIR
STUART, FL 34997 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04
DATE

772 781 5831
Capitol Phone #