

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91212 001 \*\*\*150.00

**DOCUMENT # P96000075921**

1. Entity Name  
**UNIVERSAL SEALS, INC.**



Principal Place of Business  
**7046 WEST LINCOLNSHIRE DRIVE  
HOMOSASSA, FL 34446**

Mailing Address  
**7046 WEST LINCOLNSHIRE DRIVE  
HOMOSASSA, FL 34446**

2. Principal Place of Business  
**5451 SE Celestial Circle**  
Suite, Apt. #, etc.

3. Mailing Address  
**5451 SE Celestial Circle**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**STUART FL**  
Zip  
**34997**  
Country  
**USA**

City & State  
**STUART FL**  
Zip  
**34997**  
Country  
**USA**

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

**SPANOLIS, JAMES J ESQ.  
36368 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name  
**JAMES DAVID GREEN ESQ**  
Street Address (P.O. Box Number is Not Acceptable)  
**9030 W. FORT ISLAND TRAIL # 5**  
City  
**CRYSTAL RIVER, FL** Zip Code  
**34429**

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: Registered Agent Signature required when appointing)

DATE  
**04.16.03**

STATEMENT OF FEES  
Annual 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, SHIRLEY	
STREET ADDRESS	7046 WEST LINCOLNSHIRE DRIVE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WHITNEY, JOHN F.	
STREET ADDRESS	7046 WEST LINCOLNSHIRE DRIVE	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA M. WHITNEY	
STREET ADDRESS	5451 S.E. Celestial Circle	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**Patricia M. Whitney**  
Date  
**4/17/03** 772-781-5831  
Daytime Phone #

CR2E034 (10/02)