

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90114 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000030240**

1. Entity Name  
**UNIVERSAL BOX ECT., INC.**

Principal Place of Business		Mailing Address	
1221 WEST COLONIAL DR. SUITE 100 ORLANDO FL 32804 US		4515 BLONIGEN AVE. ORLANDO FL 32812-8005 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3570599**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6: Name and Address of Current Registered Agent**

**HARGROVE, CHARLES D**  
**801 N MAGNOLIA AVE**  
**STE 402**  
**ORLANDO FL 32803-3851**

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUTLER, SAMUEL W</b>	NAME	
STREET ADDRESS	<b>1221 WEST COLONIAL DR. SUITE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISRAEL, JAMES</b>	NAME	
STREET ADDRESS	<b>1221 WEST COLONIAL DR. SUITE 100</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
TITLE	<b>VM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLLEY, ROV</b>	NAME	
STREET ADDRESS	<b>1221 W COLONIAL DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  **4/24/00** **407 291-0757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)