

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90018 013 \*\*\*550.00

**DOCUMENT # P97000104915**

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

**Principal Place of Business**  
**1980 CANADIANA COURT**  
**DUNEDIN FL 34698**

**Mailing Address**  
**1980 CANADIANA COURT**  
**DUNEDIN FL 34698**

**2. Principal Place of Business**  
**2911 MAGNOLIA TRACE**  
 Suite, Apt. #, etc.

**3. Mailing Address**  
**2911 MAGNOLIA TRACE**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**TARPON SPRINGS, FL.**  
**Zip** **34688** **Country** **FLORIDA**

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**4. FEI Number** **59-3506851** **Applied For** ☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**GATES, KATHIE**  
**27329 GOLF COURSE LOOP**  
**WESLEY CHAPEL FL 33544**

**7. Name and Address of New Registered Agent**  
**Name** **FRANK SCHMERGE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2911 MAGNOLIA TRACE**  
**TARPON SPRINGS FL 34688**

**8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**  
**SIGNATURE** **FRANK SCHMERGE** **4/15/02**  
Signature, typed or printed name of registered agent and fee, 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

| 11. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       | <b>SCHMERGE, MICHAEL F</b>      |
| STREET ADDRESS             | <b>1980 CANADIANA COURT</b>     |
| CITY-ST-ZIP                | <b>DUNEDIN FL 34698</b>         |
| 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                |                                 |
| TITLE                      | <input type="checkbox"/> Delete |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | <b>SCHMERGE MICHAEL</b>  |
| STREET ADDRESS  | <b>2911 MAGNOLIA TRACE, TARPON SPRINGS</b>                                   |
| CITY-ST-ZIP   | <b>FL. 34688</b>   |
| 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   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| 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:** **MICHAEL SCHMERGE** **4/15/02** **638-5044**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)