


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90081 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P98000013337 1. Corporation Name UNIVERSAL TRAINING SERVICES, INC. | | | |
| Principal Place of Business 12336 82ND AVE NORTH SEMINOLE FL 33772 | | Mailing Address 12336 82ND AVE NORTH SEMINOLE FL 33772 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | |
| 3. Date incorporated or Qualified 02/09/1998 | | 4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | 8. Name and Address of Current Registered Agent GREER, GAYLON E 12336 82ND AVE NORTH SEMINOLE FL 33772 | |
| 9. Name and Address of New Registered Agent 81 Name ONCI N. KELADA 82 Street Address (P.O. Box Number is Not Acceptable) 9302 Pebble Creek Drive 83 84 City Tampa FL 85 Zip Code 33647 | | 10. 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 <i>On N. Kelada</i> DATE 03/22/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) | |
| 12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME P. D.C. 1.3 STREET ADDRESS ONCI N. KELADA 1.4 CITY-ST-ZIP 9302 Pebble Creek Drive Tampa FL 33647-2422 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME DAV 2.3 STREET ADDRESS GREER, GAYLON E 2.4 CITY-ST-ZIP 12336 82ND AVE NORTH SEMINOLE FL 33772 | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
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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: *On N. Kelada* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)