2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000020341 **DOCUMENT #**

1. Entity Name

UNIVERSAL PLANET, INC.



FILED Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90065 002 ***550.00

•		•		THE THIS				
Principal Place of Business 5460 INTERNATIONAL DRIVE ORLANDO FL 32819		Mailing Address 5460 INTERNATIONAL DRIVE ORLANDO FL 32819						
2. Principal Place of B	usiness	3. Mailing Address				4011 1811 1811 1811		
5ame	usii iess	12749 Gettysburg Circle						
Suite, Apt. #, etc.		Suite, Apt. #, etc. Orlando FL.			☐ CHECK HEF	RE IF MAKING CH.	ANGES	
City & State		City & State		4.	FEI Number 59-350071	9		lied For Applicable
Zip	Country	32837	Country	5.	Certificate of Status Desired		75 Additi Required	ional
6, Na	me and Address of Current	Registered Agent	Name	7.	Name and Address of New	Registered Ager	it	
RAIMUNDO, RODRIGO L 5464 INTERNATIONAL DRIVE				(CO)) (CA) (CA)	LIGO DE Box Number is Not Acceptal Internation	ALME 1al Dr	IDA ive	
ORLANDO FL 328	19*.		City	lando		FL	Zip Code	32819
the obligations of re	intity submits this statement for gistered agent. The property of the propert	Ameida	registered office of the registered Agent signs			Florida. I am famili	~	nd accept
After September	10, 2003 Fee will be \$750 e to Florida Department of				9. Election Campaign Trust Fund Contribu	ition	Added to	
10.	OFFICERS AND		11.		DDITIONS/CHANGES TO O			
STREET ADDRESS 5464 IN	IDO, RODRIGO L ITERNATIONAL DRIVE DO FL 32819	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	De Al 5460 oclando	Meida, Rodrigo International FL. 32819	C. CA	Jame,	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS OTTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete	NAME STREET ADDRESS 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:

9-6-03