2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State
08-08-2001 90008 021 ***550.00

DOCUMENT # P98000024900

1. Entity Name
UNIVERSAL TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
16057 TAMPA PALMS BLVD., W351 TAMPA FL 33647	4333 WEST WATERS AVE TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4333 West Waters Ave	16057 Tampa Palms Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. W-351
City & State: Tampa, FL.	City & State: Tampa, FL
Zip: 33614 Country: USA	Zip: 33647 Country: USA

4. FEI Number 59-3513213 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'BRIEN, VINCENT A
8903 REGENTS PARK DRIVE., STE 110
TAMPA FL 33647

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 [signature] Anthony L Franks — July 25, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANKS, ANTHONY L 16006 BOSWELL WAY TAMPA FL 33647 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Anthony L. Franks 19651 Bruce B. Downs Blvd. Suite E6-2 Tampa, FL 33647 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Anthony L. Franks 7/25/01 (813)823-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)