2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000024900

DOCUMENT #



FILED Mar 13, 2003 8:00 am Secretary of State

UNIVERSA	L TECHNICAL SERVICES,	INC.			03-13-2003 901	01 012 ***130	.00	
Principal Place of Business 19651 BRUCE DOWNS BLVD SUITE E6-2 TAMPA FL 33647		Mailing Address 16057 TANGA LANES BLVD W-351 TAMPA FL 33647						
2. Principal Pla	ace of Business	3. Mailing Address,	PA PALMS	Blul		I MORTO PIERO DIDIO LOTTO D	BI 00 00	
· Swite, Apt. #	ŧ, etc.	PMB 35	1		CHECK HERE IF MA			
City & State		TAMPA, FL		4. FEI Num	4. FEI Number 59-3513213		Applied For Not Applicable	
Zip	Country	33647	USA			\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name ai	nd Address of New Regist	ered Agent		
JAMES R.	KIST, CPA, PA		Name	ss (P.O.:Box:Num	beriis:Not:Accoptable)=-			
	JCE B. DOWNS BOULEVARD, SU	TE E6-2		- Trion wor run				
TAMPA FL	33647							
	market & St.		City		تتحد محجد حاديات	Zip,Cod	е	
D. The chave	named entity submits this statement fo	r the purpose of changing (ts registered office or regis	stered agent, or b	ooth, in the State of Florida.	l am familiar with,	and accept	
the obligati	ons of registered agent.	The purpose of changing .		0				
CIGNIATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	DTE: Registered Agent signature req	uired when reinstating)		DATE		
. After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	** .	I .	Election Campaign Financir Trust Fund Contribution.		May Be	
10.	OFFICERS AND		11.	L ADDITION	IS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	FRANKS, ANTHONY L	OLUTE 400	NAME				ļ	
STREET ADDRESS	19651 BRUCE B DOWNS BLVD; TAMPA FL 33647	SUITE 102	STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	TAWIFA FL 33047	☐ Delete	TITLE			☐ Change	Addition	
TITLE NAME		Delete	NAME					
STREET ADDRESS		~	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE NAME			☐ Change	☐ Addition	
NAME STREET ADDRESS			STREET ADDRESS					
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TITLE	موروبيم من يوري ي	Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME		Dolotte	NAME					
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CITY-ST-ZIP			CITY-ST-ZIP			☐ Change	Addition	
TITLE		☐ Delete	TITLE NAME				Addition	
NAME STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			·		
indicated	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that owered to execute this repo	at my signature shall have ort as required by Chapter	n Section 119.07 the same legal e 607, Florida Stat	(3)(i), Florida Statutes. I furt flect as if made under oath; utes; and that my name ap	her certify that the that I am an office pears in Block 10 c	information r or director or Block 11 if	