

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90009 018 ***150.00

DOCUMENT # P98000026597

1. Entity Name
UNIVERSAL SERVICES, INC.



Principal Place of Business

~~P.O. BOX 76945~~
TAMPA, FL 33675

Mailing Address

1219 U.S. HIGHWAY 301 NORTH
SUITE A
TAMPA, FL

54022583

2. Principal Place of Business

1219 U.S. HIGHWAY 301 NORTH

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33619

Country

USA

Country

USA

01202004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3501872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARR, DAVID M
600 MADISON STREET
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME TURBEVILLE, DEWEY
STREET ADDRESS 626 GIANT OAK RD.
CITY-ST-ZIP LAKELAND, FL 33810

TITLE D ☐ Delete
NAME FRIEND, LEWIS C
STREET ADDRESS 14324 EVANS RANCH ROAD
CITY-ST-ZIP LAKELAND, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME FRIEND, LEWIS C.
STREET ADDRESS 14947 EVANS RANCH ROAD
CITY-ST-ZIP LAKELAND, FL 33809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis C. Friend (813) 626-2545
Vice President
Daytime Phone #