

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90069 009 ***150.00

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1. Entity Name

UNIVERSITY ENTREPRENEURS SOCIETY, INC.



Principal Place of Business

**224 DATURA ST. STE 315
WEST PALM BEACH FL 33401**

Mailing Address

**C/O MCGRATH & MEYERS
5725 CORPORATE WAY . # 101
WEST PALM BEACH FL 33407**

2. Principal Place of Business

215 S. Olive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 200

City & State

West Palm Beach FL

Zip

33401

Country

Palm Beach

Zip

Country

4. FEI Number

65-0484521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ARNOLD, ROBERT J

**224 DATURA ST, STE 315
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **Robert J. Arnold**

Street Address (P.O. Box Number is Not Acceptable)

215 S. Olive

Suite 200

City **West Palm Beach**

FL

Zip Code **33401**

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

2/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **ARNOLD, ROBERT J**
STREET ADDRESS **215 S OLIVE AVENUE, STE #200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **DPST** ☐ Delete
NAME **HALMOS, PETER**
STREET ADDRESS **215 S OLIVE AVENUE, STE #200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ice President

561-833-6300

Date

Daytime Phone #

CR2E034 (10/02)