**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000096923

1. Corporation Name

UNIVERSAL SPECIALTY GROUP, INC.

Principal Place of Business
4620 WESTFORD CIRCLE
TAMPA FL 33624

2. Principal Place of Business

Suite, Apt. #, etc.

Suite.

City & State Tampa,

33618

Mailing Address

2a. Mailing Address

Same

City & State

Suite, Apt. #, etc.

26

27

28

Zip

4620 WESTFORD CIRCLE TAMPA FL 33624

## **FILED** Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90074 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE						
3. Date Incorporated or Qualifed						
11/30/1998						
4. FEI Number	Applied For					
<i>5</i> 9- <i>3543537</i>	Not Applicable					
	<b>8.75</b> Additional Fee Required					
	55.00 May Be Added to Fees					
8. This corporation owes the current year Intangible						
Personal Property Tax.	res □No					
10. Name and Address of New Registered Agent						

## ERICKSON, ROBERT L **4620 WESTFORD CIRCLE TAMPA FL 33624**

14310 N. Dale Mabry

Country

25 Hillsborough

9. Name and Address of Current Registered Agent

301

10. Hairie and Madress of New Hospital as Algeria				
81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83				
	City 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	Gerald W. Horton	1.2 NAME				
STREET ADDRESS	14020 Clubhouse Circle, #2003	1.3 STREET ADDRESS				
CITY-ST-ZIP	Tampa, FL 33624	1.4 CITY-ST-ZIP				
TITLE	Executive Vice President DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	Robert L. Erickson	2.2 NAME	<b> </b>			
STREET ADDRESS	4620 Westford Circle	2.3 STREET ADDRESS				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	and the second s			
TITLE	Tampa, FL 33624 Vice President/SecretaryDELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	Patricia M. Erickson	3.2 NAME				
STREET ADDRESS	4620 Westford Circle	3.3 STREET ADDRESS				
CITY-ST-ZIP	Tampa, FL 33624	3.4. CITY-ST-ZIP				
TITLE	Vice President/Treasure	4.1 TITLE	☐ Change ☐ Addition			
NAME	Susan M. Horton	4.2 NAME				
STREET ADDRESS	14020 Clubhouse Circle, #2003	4.3 STREET ADDRESS				
CITY-ST-ZIP	Tampa EL 33624	4.4 CITY-ST-ZIP				
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME		5.2 NAME	·			
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental annual 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

**SIGNATURE**