

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000000376

1. Entity Name  
UNIVERSE MANAGEMENT COMPANY



Principal Place of Business  
10768 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

Mailing Address  
8440 TRADEPORT DRIVE  
SUITE 109  
ORLANDO, FL 32827

FILED

04 JUN 28 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3569006

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

YOUNG, JOANNE  
10768 SOUTH TROPICAL TRAIL  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

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 PD  
NAME YOUNG, JOANNE  
STREET ADDRESS 10768 SOUTH TROPICAL TRAIL  
CITY-ST-ZIP MERRITT ISLAND, FL 32952

TITLE SD  
NAME DAVIS, WARD  
STREET ADDRESS 5912 COVE DRIVE  
CITY-ST-ZIP ORLANDO, FL 32812

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800039085818  
07/14/04--01016--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04

407-859-8166