

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90031 041 ***150.00

DOCUMENT # P99000001673

1. Entity Name
 UNIVERSAL BUSINESS FORMS, INC.



Principal Place of Business Mailing Address
 1528 SPRINGSIDE TERR. PO BOX 1523
 WESTON FL 33326 HIGH SPRINGS FL 32655



2. Principal Place of Business - No P.O. Box #
 18509 N.W. 272 Ter

3. Mailing Address
 as above

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State
 High Springs FL

City & State

Zip
 32643

Country
 Alachua

4. FEI Number 65-0885350

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, LINDA G
 1528 SPRINGSIDE TERR.
 WESTON FL 33326

7. Name and Address of New Registered Agent

Name
 Linda G. Williams

Street Address (P.O. Box Number is Not Acceptable)
 18509 N.W. 272 Terr

City High Springs FL Zip Code 32643

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 *Linda G. Williams* 1/28/08

Signature, typed (registered name) of registered agent and title (if applicable). (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LINDA G 1528 SPRINGSIDE TERR. WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda G. Williams 18509 N.W. 272 Ter High Springs FL 32643	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please note NO mailed received at this address.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mailing P.O. Box 1523 High Springs, FL 32655	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Linda G. Williams* 1/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dynamic Form #