

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90123 042 ***150.00

DOCUMENT # P99000030185

1. Entity Name
UNIVERSAL THOUGHTS, INC.

R

Principal Place of Business
**327 N "L" STREET
 LAKE WORTH FL 33460**

Mailing Address
**327 N "L" STREET
 LAKE WORTH FL 33460**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
712 LAKE AVE
 Suite, Apt. #, etc.

3. Mailing Address
712 LAKE AVE
 Suite, Apt. #, etc.

City & State
LAKE WORTH FL

City & State
LAKE WORTH FL

4. FEI Number
65-0913496

Applied For
 Not Applicable

Zip
33460

Country
PALM BEACH

Zip
33460

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLLINGSHEAD, AGNES S
 2240 WOOLBRIGHT ROAD
 SUITE 411
 BOYNTON BEACH FL 33426**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SARTORIO, JOSEPH 327 N "L" STREET LAKE WORTH FL 33460	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Joseph A. Sartorio*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X - 7124100
 Date Daytime Phone #

CR: E034 / 5/00

Attachment
ID# 4990003085
DW75659



7/24/00

To Whom It May Concern,

As per my phone conversation today, I have explained that this is my first notice for my 2000 Uniform Business Report. I have also explained that the address was incorrect and have made charges accordingly. Please find enclosed a check for \$150.00 as I was instructed by your representative on the phone.

Thank you.

Joseph A. Jarbo