2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90006 040 ***150.00

DOCUMENT # P99000038690

1. Entity Name
UniversalFinance.com, Inc

Principal Place of Business / Mailing Address
120 N 'M' STREET
SUITE 'M'
LAKE WORTH FL 33460

655672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
260 FOREST HILL BLVD	260 FOREST HILL BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33405 Country: USA	Zip: 33405 Country: USA

4. FEI Number 65-0915794 ☐ Applied For ☐ Not Applicable

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
GEORGE ROBB 120 N. 'M' ST, STE 'M' LAKE WORTH FL 33460 (PLEASE CHANGE)	Name: GEORGE ROBB Street Address (P.O. Box Number is Not Acceptable): 260 FOREST HILL BLVD City: WEST PALM BEACH **FL** Zip Code: 33405

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 George Robb (GEORGE ROBB) 4/25/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 $150.00
After MAY 1, 2000 Fee will be $550.00
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	P= PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GEORGE ROBB	NAME	
STREET ADDRESS	260 FOREST HILL BLVD	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (0/00)

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: George Robb GEORGE ROBB 4/25/00 561-309-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #