

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000086057**  
 1. Entity Name  
**UNIVERSAL VAN LINES, INC.**

Principal Place of Business      Mailing Address  
**2605 EAST ATLANTIC BLVD. #201 B**      **2605 EAST ATLANTIC BLVD. #201 B**  
**POMPANO BEACH FL 33062**      **POMPANO BEACH FL 33062**

**FILED**

01 NOV -1 AM 10:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business      3. Mailing Address  
**2605 E. ATLANTIC BLVD.**      **2605 East Atlantic Blvd**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#200**      **#200**

**REINSTATEMENT** SPACE **2001**

City & State      City & State  
**Pompano Beach**      **Pompano Beach**  
 Zip      Zip  
**33062**      **33062**  
 Country      Country

4. FEI Number      Applied For  
**65-0951637**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~SCHEFFIN, BONNE Z ESQ.  
 9900 STIMMING ROAD  
 SUITE 211  
 COOPER CITY FL 33024~~

7. Name and Address of New Registered Agent  
 Name **Colette Goodman**  
 Street Address (P.O. Box Number is Not Applicable)  
**2605 East Atlantic Blvd**  
**Suite 200**  
 City, State, Zip  
**Pompano Beach, FL 33062**

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 Colette Goodman      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.   
**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D GOODMAN, COLETTE L</b>
STREET ADDRESS	<b>2605 EAST ATLANTIC BLVD. #201 B</b>
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Goodman, Colette L.</b>
STREET ADDRESS	<b>2605 East Atlantic Blvd #200</b>
CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Linda Bequith</b>
STREET ADDRESS	<b>109 n.e. 1st court</b>
CITY-ST-ZIP	<b>Dania, FL 33004</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Colette Goodman      DATE \_\_\_\_\_      Daytime Phone # **(954) 943-4600**  
Signature and typed or printed name of signing officer or director

00282821 AV CR2E034 (5/01)