FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V24981

Principal Place of Business

UNIVERSAL COMPONENTS, INC.

6601 LYONS RE	0	6601 LYONS ROAD					
D10 COCONUR CREEK FL 33073		D10 COCONUT CREEK FL 33073			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		
					03/27/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	. A	pplied For
21		26			65-0321912	_ N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4.4	\$8.75	Additional
22		27			5. Certificate of Status Desired	Fee R	Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intar	ngible	
24	25	29 30	5]		Personal Property Tax.	Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered A	gent	
			81	Name			
	PPETTONE, TERESA		82	Stroot Add	Iress (P.O. Box Number is Not Acceptable)		
	NW 73RD CT		62	Sileel Add	iless (F.O. Box Hullinger is Not Acceptable)		•
PARI	KLAND FL 33067		83				
			L			Ta=1 =:-	0-1-
			84	City	FL	85 Zip	Code
44 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes.	the above	e-named con	poration submits this statement for the purpose of cl	hanging it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	orized by	the corporati	ion's board of directors. I hereby accept the appoint	ment as n	egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	a Statutes	••			
SIGNATURE	Signature, typed or printed name of registered age	ot and title if annicable (NOTE: Re	oistered Ager	nt signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.	,	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SCOPPETTONE, TERESA		1.2 NAME		·		
STREET ADDRESS	6042 NW 73RD CT		1.3 STREET	T ADDRESS			
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-S				
TITLE	VP	☐ DELETE	2.1 TITLE	1 2		☐ Change	Addition
NAME	SCOPPETTONE, RONALD	,-	2.2 NAME				
	6042 NW 73RD CT			T ADDRESS			
STREET ADDRESS	PARKLAND FL 33067		2.4 CITY-8	ľ			
CITY-ST-ZIP	PARKLAND PL 33007	DELETE	3.1 TITLE	SI-ZIP		Change	Addition
TITLE			3.2 NAME				_
NAME				TADDRESS			
STREET ADDRESS			1				
CITY-ST-ZIP		☐ DELETE	3.4. CITY-8 4.1 TITLE	1-2P	<u> </u>	Change	Addition
TITLE		רו מבנבוב	4.1 IIILE 4.2 NAME		•		
NAME			B .				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			5.1 TITLE 5.2 NAME			Onlange	
NAME				T 4000000			•
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	T-ZIP		Change	Addition
TITLE		☐ DELÉTE				criange	L.J AUGIUON
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or one anattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90194 044 ***158.75