

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V38604

1. Corporation Name

UNIVERSAL COMPUTER CENTER, INC.

Principal Place of Business

1 CLIFFORD DR
SHALIMAR FL 32579
US

Mailing Address

2 CLIFFORD DR
SHALIMAR FL 32579
US

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90044 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1992

4. FEI Number

59-3110008

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

SKALKA, MARION S.
528 MOONEY ROAD
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Marion S Skalka

DATE

3/4/99

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SKALKA, MARION S.	
STREET ADDRESS	528 MOONEY RD.	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKALKA, M. YVONNE	
STREET ADDRESS	528 MOONEY RD.	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNES, RHONDA F.	
STREET ADDRESS	927 THE MASTERS BLVD	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKALKA, RONALD D.	
STREET ADDRESS	4205 CHALET CIRCLE	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SKALKA, GREGORY S.	
STREET ADDRESS	528 MOONEY RD.	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HODGDON, CHERYL L	
STREET ADDRESS	120 46 W RIDGE DR	
CITY-ST-ZIP	HUNTSVILLE AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Fort Walton Beach, FL 32547
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Shalimar, Florida 32579
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Huntsville, Alabama 35801
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Skalka, Gregory S.
5.3 STREET ADDRESS	2233 Monahan Court
5.4 CITY-ST-ZIP	Fort Walton Beach, Florida 32547
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D Hodgdon, Cheryl L
6.3 STREET ADDRESS	102 Chad Street
6.4 CITY-ST-ZIP	Madison, Alabama 35758

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marion S Skalka

Date

Daytime Phone #

850-651-4991

CR2E034 (1/98)