## 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 # V45760 1. Corporation Name

UNIVERSAL FINANCIAL RESOURCES, INC.

Principal Place	of Business	Mailing Address				E 1882) BITALL BIBBY BILLS 18819 BILLS BI		81911 81811 1981
2475 ENTERPRISE RD 2475 ENTERPRISE RD								
SUITE 300 SUITE 300						DO NOT WRITE II	N THIS SPACE	
CLEARWATER FL 34621 CLEARWATER FL 34621					3. [	Date Incorporated or Qualifed	THIS SI AGE	
						06/19/1992		
2. Principal Pl	ace of Business	2a. Mailing Address		·.		FEI Number	Α	Applied For
21		26			Ę	59-3134054		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. (	Certifcate of Status Desired		Additional
22		27						Required
City & State	е -	City & State				Election Campaign Financing  Trust Fund Contribution		May Be to Fees
Zip	Country	<b>Z</b> ip	Country	<del></del>		This corporation owes the current		710 7 000
24	25	29 30	¬ ´			Personal Property Tax.	☐ Yes	□No
[24]	9. Name and Address of Current	11	1		10.	Name and Address of New Regi	stered Agent	
			81	Name				
GOTTLIEB & GOTTLIEB P.A.				Street Ad	ddress (P.	O. Box Number is Not Acceptable)	<u> </u>	
2475 ENTERPRISE ROAD, SUITE 100								100 8 9 3 19 4 4 1
CLEA	ARWATER FL 34623		83					
			84	City			85 Zip	Code
						authorite this statement for the pure	TL	te registered
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							DATE	
40	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	distered Age	nt signature req		DDITIONS/CHANGES TO OFFICE		ORS IN 12
12.	P	DELETE	1.1 TITLE	T	··	BB///01/0/01// 11/02/0 10 01/11/0	☐ Change	
NAME	MUNNO, VINCENT		1.2 NAME	-		•		
STREET ADDRESS	2475 ENTERPRISE ROAD, SUITI	E 300	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY- 9	ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE				Change	e Addition
NAME	EVANS, JAMES B		2,2 NAME					
STREET ADDRESS	2475 ENTERPRISE ROAD, SUITI	E 300	2.3 STREE	T ADDRESS				
CITY-\$T-ZIP	CLEARWATER FL 34623		2. 4 CITY-	ST-ZIP				
TITLE	1 · 1 · 1	☐ DELETE	3.1 TITLE				☐ Change	e
NAME			3.2 NAME					
STREET ADDRESS				TADORESS			. :	4 2 3
CITY-ST-ZIP		D DELETE	3.4. G/TY-	ST-ZIP			Change	e Addition
TITLE		☐ DELETE	4.1 TITLE				_ snang.	
NAME	• •		4, 2 NAME					
STREET ADDRESS	•			TADDRESS				
CITY-ST-ZIP		□ DELETE	4.4 CITY-5	ST-20P			☐ Change	e Addition
TITLE			5.1 TITLE 5.2 NAME					
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-5					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	e
TITLE			6.2 NAME					<del></del>
NAME	I			ļ				

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 ammoal report is frue 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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90027 020 \*\*\*150.00