

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680005

Entity Name: UNIVERSAL SELECT, INC.**Current Principal Place of Business:**4212 BLANDING BLVD.
JACKSONVILLE, FL 32210**Current Mailing Address:**4212 BLANDING BLVD.
JACKSONVILLE, FL 32210 US**FEI Number:** 59-2015016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACOBS, CHARLOTTE DPRES
8680 DENNY RD
JACKSONVILLE, FL 32220 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PS
Name	JACOBS, CHARLOTTE D
Address	8680 DENNY ROAD
City-State-Zip:	JACKSONVILLE FL 32220

Title	D
Name	JACOBS, CHARLOTTE D
Address	8680 DENNY RD
City-State-Zip:	JACKSONVILLE FL 32220

Title	VP, TREASURER
Name	SMITH, CHARLOTTE COLLEEN
Address	10252 MAGNOLIA RIDGE RD.
City-State-Zip:	JACKSONVILLE FL 32210

Title	CHIEF TECHNOLOGY OFFICER
Name	JACOBS, JAKE COREY
Address	10282 NORMANWOOD COURT
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	MARIE JACOBS
Address	10282 NORMANWOOD COURT
City-State-Zip:	JACKSONVILLE FL 32221

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLOTTE D JACOBS

PRESIDENT

02/06/2025

Electronic Signature of Signing Officer/Director Detail_____
Date