2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # 374974

1. Entity Name
UNITED STATES WARRANTY CORP.

Principal Place of Business	Mailing Address
22 NE 22ND AVE POMPANO BEACH, FL 33062	22 NE 22ND AVE POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1651866
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM F. III
22 NE 22ND AVE
POMPANO BCH., FL 33062

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000090586
03/17/04-80025-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SILVERMAN, LORI A.
STREET ADDRESS	2221 CYPRESS ISLAND DR
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	VD
NAME	MACEK, MARK A.
STREET ADDRESS	2700 SE 6 ST
CITY-ST-ZIP	POMPANO BCH, FL
TITLE	PD
NAME	DAVIS, WILLIAM F III
STREET ADDRESS	22 NE 22 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	TD
NAME	SMOLICH, JAMES J
STREET ADDRESS	318 NW 120TH DR
CITY-ST-ZIP	POMPANO BEACH, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ WILLIAM F. DAVIS 3-2-04 954-784-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #