

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90372 049 \*\*\*150.00

**DOCUMENT # F00000001219**

1. Entity Name  
**U.S.E. COMMUNITY SERVICES GROUP, INC.**

Principal Place of Business <b>217 SOUTH NEWTON AVENUE          ALBERT LEA MN 56007</b>	Mailing Address <b>217 SOUTH NEWTON AVENUE          ALBERT LEA MN 56007</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8121 E Florence Ave</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Downey CA</b>	City & State
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City & State	4. FEI Number <b>41-1951655</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>90240</b>	Country <b>USA</b>	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent - -

7. Name and Address of New Registered Agent

**GEREAUX, JERRY**  
**10012 NORTH DALE MABRY, HWY. #209**  
**TAMPA FL 33618**

Name <b>Veronica A. Repanti</b>
Street Address (P.O. Box Number is Not Acceptable) <b>10012 N Dale Mabry Hwy 209</b>
City <b>Tampa</b> FL Zip Code <b>33618</b>

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.

SIGNATURE *Veronica A. Repanti* DATE **5/11/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PC NAME LINDEMAN, JON STREET ADDRESS 105 THE FAIRWAY CITY-ST-ZIP ALBERT LEA MN 56007	<input type="checkbox"/> Delete	TITLE D NAME LINDEMAN, LINDA STREET ADDRESS 105 THE FAIRWAY CITY-ST-ZIP ALBERT LEA MN 56007	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME OTTEN, DANIEL STREET ADDRESS ROUTE 3 BOX 101A CITY-ST-ZIP HAYWARD MN 56043	<input checked="" type="checkbox"/> Delete	TITLE D, P NAME ROBERT FICKAS STREET ADDRESS 305 NORTH OLD RANCH ROAD CITY-ST-ZIP ARCADIA CA 90007	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LAVIK, THOMAS STREET ADDRESS 418 RIDGE ROAD CITY-ST-ZIP ALBERT LEA MN 56007	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TEWES, PATRICIA STREET ADDRESS 203 LEE PLACE CITY-ST-ZIP ALBERT LEA MN 56007	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME THORSON, ADRIENNE STREET ADDRESS ROUTE 2, BOX 159 CITY-ST-ZIP GLENVILLE MN 56036	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CARTIER, DANIEL STREET ADDRESS 2917 HILLSVIEW EAST CITY-ST-ZIP ROSEVILLE MN 55113	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Adrienne Thorson* Date **5-7-01** Daytime Phone # **507-377-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)