

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90576 037 \*\*\*150.00

**DOCUMENT # P95000027734**

1. Entity Name  
**USE, INC.**

Principal Place of Business

Mailing Address

1221 W COLONIAL DR  
 SUITE 100  
 ORLANDO FL 32804  
 US

1221 WEST COLONIAL DRIVE  
 SUITE 100  
 ORLANDO FL 32804



2. Principal Place of Business

3. Mailing Address

100 E. Pine Street

100 E. Pine Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 208

Suite 208

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32801

USA

32801

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3308646

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, SAMUEL W**  
~~1221 WEST COLONIAL DRIVE~~  
~~SUITE 100~~  
~~ORLANDO FL 32804~~

Name

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

100 E. Pine Street  
 Suite 208

City

Orlando

FL

Zip Code

32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BUTLER, SAMUEL W	<del>9236 AIRPORT BOULEVARD</del>	<del>ORLANDO FL 32827</del>	<input type="checkbox"/>
VP	BUTLER, DENICE D	<del>1221 W COLONIAL DR, SUITE 100</del>	<del>ORLANDO FL 32804</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		100 E. Pine Street Ste 208	Orlando, Fla 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		100 E. Pine Street Suite 208	Orlando, Fla 32801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #