

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90094 044 ***158.75

DOCUMENT # P99000062852

1. Entity Name

50 U.S. GROUP CORP.

Principal Place of Business

Mailing Address:

6433 ROCKINGTREE LANE
 ORLANDO FL 32819

6433 ROCKINGTREE LANE
 ORLANDO FL 32819-4188

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

59-3590059

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIVERSON, SCOTT E
 6433 ROCKINGTREE LANE
 ORLANDO FL 32819

Name

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

City

FL

Zip Code

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, 2000 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: PVPS
 NAME: RUGE, ANDREA
 STREET ADDRESS: 2149 LAKE DRBRA DRIVE, APT. 923
 CITY-ST-ZIP: ORLANDO FL 32835
 Delete

TITLE: PRESIDENT
 NAME: THOMAS G. ZIVETTE
 STREET ADDRESS: 3466 BAY HEADROW CT.
 CITY-ST-ZIP: WINDERMERE, FL 34786
 Change Addition

TITLE: TD
 NAME: RUGE, ANDREA
 STREET ADDRESS: 2149 LAKE DRBRA DRIVE, APT. 923
 CITY-ST-ZIP: ORLANDO FL 32835
 Delete

TITLE: VP-SECRETARY - TD
 NAME: JANE C. FENNA
 STREET ADDRESS: 6433 ROCKINGTREE LN.
 CITY-ST-ZIP: ORLANDO, FL 32819
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change 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: [Signature] SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2000 (407) 355-3196
 Date Daytime Phone #

CR2E034 (9/99)