2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000082329

1. Entity Name
1001 USES UTILITY BUILDING, INC.

Principal Place of Business	Mailing Address
3738 N MONROE ST TALLAHASSEE, FL 32303	3738 N MONROE ST TALLAHASSEE, FL 32303

04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667932

Applied For
Not Applicable

5. Certificate of Status Desired ☑ $8.75 Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, BEVERLY A
424 E CALL ST
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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: [signature] SR 04-30-05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RANDALL MATHIS, JOHNNIE SR
STREET ADDRESS	3738 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	V
NAME	MATHIS, TONYA
STREET ADDRESS	3738 N MONROE ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000361200
05/05/05-80065-013 150.00

DO NOT WRITE IN THIS SPACE

U00000361200
05/05/05-80065-014 8.75

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: [signature] 04-30-05 850-562-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #