

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91021 022 ***150.00

DOCUMENT # 588830

1. Entity Name
CICORP - USI, INC.



Principal Place of Business
2 SOUTH UNIVERSITY DR., #220
PLANTATION FL 33324
US

Mailing Address
50 CALIFORNIA STREET
24TH FLOOR
SAN FRANCISCO CA 94111
US

2. Principal Place of Business
8100 SW 10th St

3. Mailing Address

Suite, Apt. #, etc.
Suite 2000

Suite, Apt. #, etc.

City & State
Plantation, FL

City & State

Zip
33324

Country
USA

Zip

Country

4. FEI Number 59-1855396

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

SIGNATURE

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME SUTTON, CARLOS K.
STREET ADDRESS 4210 ROLLING OAK DR.
CITY-ST-ZIP LAKELAND, FL 00000

TITLE Director
NAME Carlos Sutton
STREET ADDRESS 8100 SW 10th St Ste 2000
CITY-ST-ZIP Plantation, FL 33324

TITLE C
NAME KARP, MICHAEL C
STREET ADDRESS 402 S.KENTUCKY AVE., 4TH FLOOR
CITY-ST-ZIP LAKELAND FL 33801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~ASST SECRETARY~~
NAME NEWBORN, ERNEST II
STREET ADDRESS 50 CALIFORNIA STREET, #24
CITY-ST-ZIP SAN FRANCISCO CA 94111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME BOWLER, EDWARD
STREET ADDRESS 50 CALIFORNIA STREET, #24
CITY-ST-ZIP SAN FRANCISCO CA 94111

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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: *ERNEST NEWBORN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 415-983-0100

Date Daytime Phone #

CR2E034 (10/02)