

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

1. Entity Name

USCC FLORIDA ACQUISITION CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3599 UNIVERSITY BLVD. SOUTH

Suite, Apt. #, etc.

3. Mailing Address

610 NEWPORT CENTER DRIVE

Suite, Apt. #, etc.

SUITE 350

City & State
JACKSONVILLE, FL

City & State
NEWPORT BEACH, CA

Zip
32216

Country
USA

Zip
92660

Country
USA

2002 UBR

4. FEI Number

94-3310485

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City TALLAHASSEE

FL

Zip Code
32301

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR, PRESIDENT, CEO AND SEC'Y
JEFFREY A. GOFFMAN
610 NEWPORT CENTER DRIVE, SUITE 350
NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR, CHAIRMAN
SHYAM B. PARYANI
3599 UNIVERSITY BLVD. SOUTH
JACKSONVILLE, FL 32216

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000008733560
10/31/02--01105--001 **558.75

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY GOFFMAN, CEO 10/31/02

Date

Daytime Phone #

CR2E034B (12/01)



292

Ms Kathy Ashton
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32314


November 13, 2002

Dear Kathy:

Per our discussion I am returning the notice received from your office dated November 6th, 2002 . The amount paid of \$558.75 was correct and we do not need to obtain the signature of our designated registered agent.

You will process the appropriate forms to reinstate USCC Florida Acquisition Corporation

Sincerely


David Crowley
Controller.

2nd notice returned
by post office \$558.75