## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

3940 N ANDREWS AVE

FT. LAUDERDALE FL 33309

## DOCUMENT # F17307

1. Entity Name

US

Principal Place of Business

FT. LAUDERDALE FL 33309

3940 N ANDREWS AVE

CHARLES D. BARNARD, P.A.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90130 034 \*\*\*150.00

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2. Principal Place of Business		3. Mailing Addres	s					
Suite, Apt. #, etc.		Suite, Apt. #, et	tc.		☐ CHECK HERE	IF MAKING C	_	<del></del> 1
City & State		City & State			4. FEI Number 59-2085107		Not A	ied For Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of Status Desired	└ Fe	8.75 Additi ee Required	onal
	Name and Address of Cu	rrent Registered Agent			7. Name and Address of New	Registered Ag	ent	
6.	Name and Address of Cu	Helli negisteres rigeri.		Name		. حدید		_· •
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BARNARD, CHARLES D.				Street Address (P.O. Box Number is Not / leady to the company				
3940 N ANDRE								
ft <sup>:</sup> Lauderdai	LE FL 33309						Zip Code	
•				City		<u> </u>		
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8. The above name	d entity submits this statem	nent for the purpose of tha	anging its regist	CICA CITICO CITICO				
the obligations o	f registered agent.							
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Signatu	ire, typed or printed name of registere		(NOTE: negis	age of Age in any	and having a more than the state of the state of			
CANAL PARTIES	NOW!!! FEE IS:\$150.0	50.00			9. Election Campaign Trust Fund Contribu	Financing tion.		May Be to Fees
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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 exercise, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 954-56)-5880 Daytime Phone # CR2E034 (10/1