FILED	
Jan 10, 2002 8:00 am	l
Secretary of State	

01-10-2002 90003 034 \*\*\*\*70.00

Principal Place of Busin	Mailing Address											
83 QUEENS WAY PORT ORANGE FL 32119 US		83 QUEENS WAY PORT ORANGE FL 32119 US				901267						
						1 1881108 1140 18	H <b>er</b> angl <b>er</b> den <b>er</b> dig <b>i</b>		<b>  1151</b>    <b>  151</b>      151			
2. Principal Place of Br	usiness	3. Mailing	Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			State		4. FEI Number Applied For					1		
						16-1259166			No	ot Applicable	1	
Zip	Country	Zip		Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Na	me and Address of Current F	Registered	Agent			7. Name and Address of New Registered Agent					]	
				Name	Name							
MCDOWELL RICH/	ARN A			Street	Street Address (P.O. Box Number is Not Acceptable)							
83 QUEENS WAY	THE A										┨-	
PORT ORANGE FL	32119										1	
				City				FL	Zip Cod	е	1	
8. The above named e	entity submits this statement for	the purpose	e of changing its	registered office of	or registe	ered agent, or both, in	the state of Flor	ida.	_1		1	
	•			-								
•												
*SIGNATURE Signature, t	yped or printed name of registered agent a	nd title if applica	ble. (NOT	E: Registered Agent signa	ature require	d when reinstating)		DATE				
· · · · · · · · · · · · · · · · · · ·							r				1	
9. Elec				npaign Financing		\$5.00 May Be	Mal	ke Check	Payable	to	-	
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.			Added to Fees	D	epartm <b>e</b> r	nt of State	ð		
				T.,		ADDITIONS/CHANG	ES TO OFFICE	S AND DIE	ECTORS IN	J 10	-	
10.	OFFICERS AND DIR	☐ Delete	11.	D		ES TO OFFICE	13 AND DIF	Change	Addition	15		
· · · · · · · · · · · · · · · · · · ·	RICHARD		L. Delete	NAME	0.	VOID			onunge		10/6/	
	EISTER RD			STREET ADDRESS	'						37	
CITY-ST-ZIP LORAIN	OH 44053			CITY-ST-ZIP	<u> </u>						CR2F037	
TITLE <b>D</b>			☐ Delete	TITLE	13~	WARD			Change	Addition	"	
1	D, GEORGE H			NAME	1	WHILE W						
1	ST MAIN ST.			STREET ADDRESS CITY-ST-ZIP								
101100	CK NY 13783		☐ Delete	TITLE	0				Change	✓ Addition	1	
NAME ADAMS	FRED		LI Delete	NAME	CAM	PDEIL ED	WARD		Onlingo	GE FIGURIO	}	
	TUMN TRAIL	-	-	STREET ADDRESS	23.	54 MOUNT	TAIN VIE	in C	t.		-	
CITY-ST-ZIP PORT C	RANGE FL 32149 3ス/3	29		CITY-ST-ZIP	FAIL	RFIELP, C	A 945	33				
TITLE TO			☐ Delete	TITLE	1 2''	AVERITA. V			☐ Change	Addition (		
	VELL, RICHARD A			NAME STREET ADDRESS	1 A	HI MEAD	AND DR					
	ENS WAY DRANGE FL 3 <del>2119</del> 3 えん	129		CITY-ST-ZIP		CHANICS		0 23	111			
TITLE D	PRINCE PL OFTIS JAL	,,	Delete	TITLE	1716	CITMINICS	1115, V	1 0(-)	Change	Addition	1	
NAME O'NEILI	FRANK L		PAT DEIRIG	NAME								
STREET ADDRESS 7723 LE	GION RD HWY # 4/3			STREET ADDRESS								
CITY-ST-ZIP VENTRE	SS LA 70783			CITY-ST-ZIP							1	
TITLE DS			☐ Delete	TITLE					☐ Change	☐ Addition		
NAME PRIME,				NAME OTDEST ADDRESS								
	NECA STREET N NY 13069			STREET ADDRESS CITY-ST-ZIP								
I STATE OF THE INTERIOR	A IAI TORDO			J 51 Zii	1						1	

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 617, 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:

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000000896** 

USS NEW JERSEY VETERANS, INC.

1. Entity Name

Jan 8, 2002 386-756-1144