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Secretary of State

03-01-1999 90136 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002225

1. Corporation Name

USA MANAGEMENT & CONSULTING, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

65-0821101

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **N/A** \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ **N/A** \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

4500 Executive Drive

2a. Mailing Address

4500 Executive Drive

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Naples, FL.

City & State

Naples, FL.

Zip

34119

Country

USA

Zip

34119

Country

USA

9. Name and Address of Current Registered Agent

CHIAPPETTA, MICHAEL
2299 NW 62ND DR.
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

81 Name **Michael Chandler**

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

83 **4500 Executive Drive Suite 110**

84 City **Naples, FL.**

85 **FL**

34119

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

MICHAEL CHANDLER

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **CHIAPPETTA, MICHAEL**

STREET ADDRESS **2299 NW 62ND DR.**

CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **M** ☐ Change ☒ Addition

1.2 NAME **Michael Chandler**

1.3 STREET ADDRESS **4500 Executive Drive ST. 110**

1.4 CITY-ST-ZIP **Naples, FL 34119** ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MICHAEL CHANDLER

Jan 26, 1999

941-566-2402

CR2E034 (11/98)