

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90240 001 \*\*\*300.00

0602383

**DOCUMENT # F98000003132**

1. Entity Name  
**USCC ACQUISITION CORP.**

Principal Place of Business  
**3599 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216**

Mailing Address  
**7450 E RIVER RD  
SUITE 3  
OAKDALE CA 95361**

**33878**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>94-3302679</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GOFFMAN, JEFFREY A 1116 HIGHLAND BEACH DRIVE HIGHLAND BEACH FL 33487</b>				Name <b>CORPORATION SERVICE COMPANY</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>			
				City <b>TALLAHASSEE</b> FL Zip Code <b>32301-2525</b>			

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]*

**RICK PADEFORD, PRES.**

**03-21-01**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FUERY, W. B 1034 A STREET HAYWARD CA 94541</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR FUERY, W.B. 700 YGNACIO VALLEY RD., STE 300 WALNUT CREEK, CA 94596</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SC GOFFMAN, JEFFREY A 1116 HIGHLAND BEACH DRIVE HIGHLAND BEACH FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO GOFFMAN, JEFFREY A. 700 YGNACIO VALLEY RD., STE 300 WALNUT CREEK, CA 94596</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV SKLAR, RANDY C 905 FOREST GLEN LANE WELLINGTON FL 33414</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CIO MCBRIDE, DOUGLAS 181 OAK ROAD DANVILLE CA 94526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CIO MCBRIDE, DOUGLAS 700 YGNACIO VALLEY RD., STE. 300 WALNUT CREEK, CA 94596</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO PADEFORD, RICK 7450 E. RD STE 2 OAKDALE CA 95361</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES + COO PADEFORD, RICK 7450 E. RIVER RD., STE. 3 OAKDALE, CA 95361</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)