

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005511

1. Entity Name

PS USA, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-15-2000 90145 013 ***150.00

Principal Place of Business

Mailing Address

425 MERCER STREET
VOLANT PA 16156

P.O. BOX 90
VOLANT PA 16156-0090

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

25-1807439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PASD	<input type="checkbox"/> Delete
NAME	TRAWECK, JAMES W	
STREET ADDRESS	2255 CRESCENT DRIVE	
CITY-ST-ZIP	MT. DORA FL 32757	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARETT, JOHN T	
STREET ADDRESS	425 MERCER STREET	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARETT, CRAIG R	
STREET ADDRESS	425 MERCER STREET	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, WALLACE	
STREET ADDRESS	425 MERCER STREET	
CITY-ST-ZIP	VOLANT PA 16156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM L. NESBITT	
STREET ADDRESS	425 MERCER ST	
CITY-ST-ZIP	VOLANT, PA 16156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/25/00

Date

724-533-5055

Daytime Phone #

CR2E034 (9/99)