

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005843

1. Entity Name
U.S.P.A. PROPERTIES, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90088 025 ***550.00

Principal Place of Business
3380 FAIRLANE FARMS ROAD
STE 2
WELLINGTON FL 33414

Mailing Address
3380 FAIRLANE FARMS ROAD
STE 2
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 36-3280427

Applied For
☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, DALE
3380 FAIRLANE FARMS RD., STE 2
WELLINGTON FL 33414

Name Jenkins, Bethany
Street Address (P.O. Box Number is Not Acceptable)
3380 Fairlane Farms Rd., Ste. 2
City Wellington FL Zip Code 33414

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 Bethany Jenkins Bethany Jenkins 8-1-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not stating) 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME JENKINS, MERLE
STREET ADDRESS 26821 MEADOWBROOK RD.
CITY-ST-ZIP NOVI MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME JENKINS, ELVIRA
STREET ADDRESS 26821 MEADOWBROOK RD.
CITY-ST-ZIP NOVI MI

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME JENKINS, DALE
STREET ADDRESS 1208 BELMORE TERRACE
CITY-ST-ZIP WELLINGTON FL

TITLE Jenkins, Bethany ☒ Change ☐ Addition
NAME 1208 Belmore Terrace
STREET ADDRESS Wellington, FL 33414
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME INGRAM, ORRIN H
STREET ADDRESS 4400 HARDING ROAD
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RIEMENSHNEIDER, RICHARD
STREET ADDRESS 16 WIRT STREET S.W.
CITY-ST-ZIP LEESBURG VA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ORTHWEIN, STEPHEN A
STREET ADDRESS 1409 WASHINGTON AVENUE
CITY-ST-ZIP ST LOUIS MO

TITLE ☐ Change ☐ 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: Bethany Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-00 561-333-2668
Date Daytime Phone #

CR2E034 (5/00)