

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**  
 02-18-2002 90148 014 \*\*\*150.00

0261803 AV

**DOCUMENT # F99000005843**

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

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

**Mailing Address**  
**3380 FAIRLANE FARMS ROAD**  
**STE 2**  
**WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**NOT APPLICABLE**

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**

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

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, 2002 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 **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, BETHANY**  
 STREET ADDRESS **1208 BELMORE TERRACE**  
 CITY-ST-ZIP **WELLINGTON FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

Date

Daytime Phone #

561-  
 1-30-02 333-2668

CR2E034 (9/01)