

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006698

1. Entity Name

USI COMMERCIAL & INDUSTRIAL GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90031 015 ***150.00

Principal Place of Business

Mailing Address

6290 MCDONOUGH DRIVE, SUITE I
NORCROSS GA 30093

6290 MCDONOUGH DRIVE, SUITE I
NORCROSS GA 30093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2478762

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 PCD
NAME ANDERSON, MICHAEL H
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE I
CITY-ST-ZIP NORCROSS GA 30093 ☐ Delete

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

TITLE T
NAME WOOD, DAVID
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE I
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE CHIEF FINANCIAL OFFICER
NAME PATRICIA L. SULLIVAN
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE I
CITY-ST-ZIP NORCROSS, GA 30093 ☐ Change ☒ Addition

TITLE SD
NAME MOTTERN, ROBERT J
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE I
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

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

TITLE D
NAME SKAUG, PER H
STREET ADDRESS 6290 MCDONOUGH DRIVE, SUITE I
CITY-ST-ZIP NORCROSS GA 30093 ☐ Delete

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

TITLE D
NAME JOHNS, CRAIG P
STREET ADDRESS 5595 ERROL PLACE
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

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

TITLE D
NAME MOE, ERIK
STREET ADDRESS HAAKON VIIS GT. 6
CITY-ST-ZIP 0161 OSLO, NORWAY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 (9/99)