2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900006698

1. Entity Name

USI COMMERCIAL & INDUSTRIAL GROUP, INC.

C T CORPORATION SYSTEM

PLANTATION FL 33324

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

11.

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

ANDERSON, MICHAEL H

NORCROSS GA 30093

NORCROSS GA 30093

MOTTERN, ROBERT J

NORCROSS GA 30093

NORCROSS GA 30093

SKAUG, PER H

JOHNS, CRAIG P

MOE, ERIK

5595 ERROL PLACE

ATLANTA GA 30327

HAAKON VIIS GT. 6

0161 OSLO, NORWAY

WOOD, DAVID

6290 MCDONOUGH DRIVE, SUITE I

Tax filing requirement and elects to do so.

(See criteria on back)

PCD

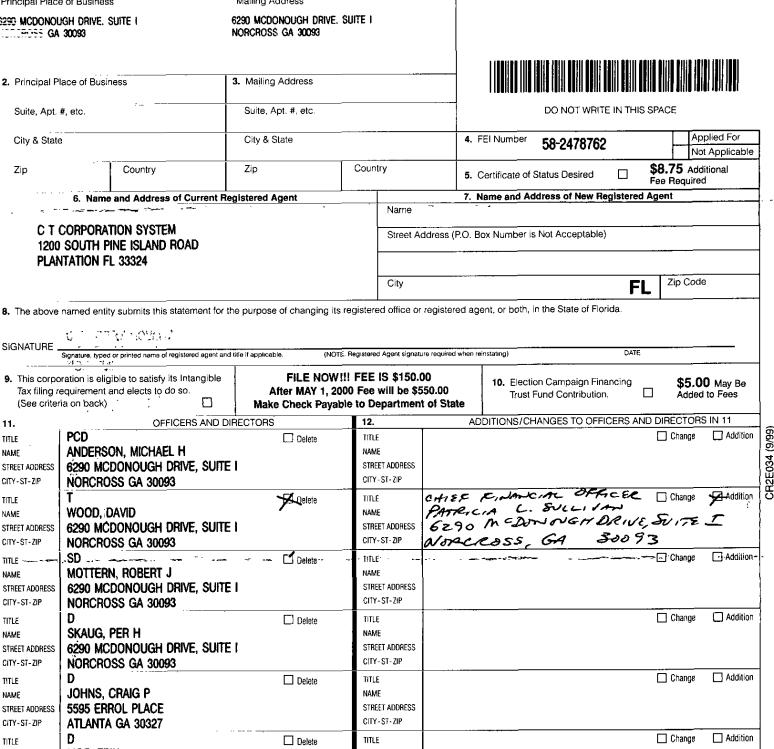
Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Principal Place of Business		Mailing Address	
299 MCDONOUGH DRIVE, SUITE I 100077955 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	
Zip	Country	Zip	Country
	i. Name and Address of Ci	rrent Registered Agent	

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

05-24-2000 90031 015 ***150.00



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

CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

12.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITI F

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

Delete .

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR