

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90089 007 ***158.75

0045311

DOCUMENT # J08604

1. Entity Name

U.S. SURPLUS SALES CORPORATION

Principal Place of Business

% STEPHEN J. POCIUS
 1184 WEST HWY 436
 FOREST CITY FL 32714

Mailing Address

% STEPHEN J. POCIUS
 1184 WEST HWY 436
 FOREST CITY FL 32714

2. Principal Place of Business

360 N. State Rd 434

Suite, Apt. #, etc.

3. Mailing Address

360 N State Rd 434

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL

Zip
32714

Country
USA

City & State

Altamonte Springs, FL

Zip
32714

Country
USA

4. FEI Number

59-2660249

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**POCIUS, STEPHEN J.
 412 E. 7TH ST
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE
VSD
 NAME
POCIUS, STEPHEN J.
 STREET ADDRESS
412 E. 7TH ST
 CITY-ST-ZIP
APOPKA FL

☐ Delete

TITLE
~~BEROBERTS, DOMINICK~~
 NAME
~~7 CENTRE MARKETPLACE~~
 STREET ADDRESS
~~NEW YORK NY~~
 CITY-ST-ZIP

☒ Delete

TITLE
~~President Director~~
 NAME
~~607 Morgan St~~
 STREET ADDRESS
~~Winter Springs FL 32708~~
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 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:

Caro A. Saporito, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 407-682-6757

CR2E034 (10/00)