2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # J15979

1. Entity Name
U.S. INVESTMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
3111 CARDINAL DRIVE VERO BEACH, FL 32963	3111 CARDINAL DRIVE VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2676697

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

GARRIS, CHARLES E.
817 BEACHLAND BLVD
VERO BEACH, FL 32963

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000151199
05/04/04-80037-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FAULMAN, MICHAEL R.
STREET ADDRESS	3111 CARDINAL DRIVE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	TD
NAME	FAULMAN, WILLIAM L.
STREET ADDRESS	3111 CARDINAL DRIVE
CITY-ST-ZIP	VERO BEACH, FL
TITLE	S
NAME	FAULMAN, PHYLLIS
STREET ADDRESS	3111 CARDINAL DR
CITY-ST-ZIP	VERO BCH, FL
TITLE	VD
NAME	FAULMAN, VIRGINIA
STREET ADDRESS	3111 CARDINAL DR
CITY-ST-ZIP	VERO BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. FAULMAN 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #