## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## K63846 **DOCUMENT #**

1. Entity Name

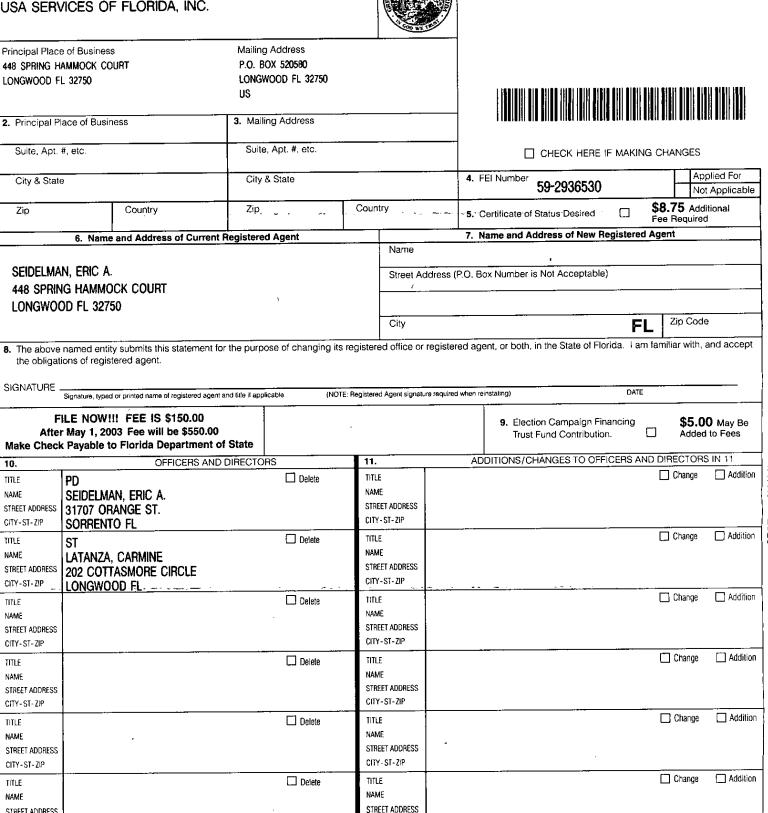
STREET ADDRESS

changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

USA SERVICES OF FLORIDA, INC.



CITY-ST-ZIP

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 trusted approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90150 010 \*\*\*150.00

Kakaluke Required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date