

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98302

TOWN U.S.A., INC.

FILED  
Feb 22, 2000 8:00 am  
Secretary of State

02-22-2000 90047 028 \*\*\*150.00

Place of Business  
US 1  
FL 34952  
Mailing Address  
6829 SOUTH US 1  
PORT ST. LUCIE FL 34952-1443

B0024123

Place of Business  
# , etc.  
3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Country  
4. FEI Number 65-0131413  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DOUGEN, JERRY  
EAST ACRE DR.  
SUITE 200  
PLANTATION FL 33317

## 7. Name and Address of New Registered Agent

Name Stuart Rotman CPA  
Street Address (P.O. Box Number is Not Acceptable)  
4700 NORTH STATE RD 7 #208  
City FT LAUDERDALE FL Zip Code 33319

The named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

STUART ROTMAN

2/16/00

(NOTE: Registered Agent signature required when reinstating)

DATE

The corporation is eligible to satisfy its intangible  
tax requirement and elects to do so.  
(See instructions on back)FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

DP  
WEISS, DANIEL  
6829 SOUTH US 1  
PT. ST. LUCIE FL  
DVP  
WEISS, SHERRI  
6829 SOUTH US 1  
PT. ST. LUCIE FL

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change AdditionI 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  
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  
on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)