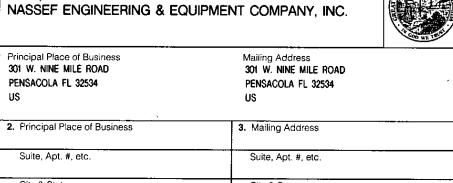
Mar 06, 2003 8:00 am & Secretary of State **FILED**

03-06-2003 90125 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L45118 **DOCUMENT #**

1. Entity Name



US ,		US			
2. Principal Place of Business 3. M		3. Mailing Address	,,	T TO BELLEVE BELL BELLEVE DELLEVE TERME TERME DELLEVE	FOID HOOF
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State Cit		City & State		4. FEI Number 59-2988335 Applied Not Ap	d For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Addition Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	-
NASSEF,	NAMON A.		Name Street Address	roce (B.O. Boy Number is Not Acceptable)	
11562 CLEAR CREEK DRIVE			Sireet Addres	ress (P.O. Box Number is Not Acceptable)	
PENSACC	DLA FL 32514				
			City	FL Zip Code	
the obligat SIGNATURE . F Aftel	Signature, typed or printed name of registered agent and ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of the second	d title if applicable. (NOTE	Registered Agent signature requ	gistered agent, or both, in the State of Florida. I am familiar with, and a equired when reinstating) DATE 9. Election Campaign Financing \$5.00 M. Trust Fund Contribution.	lay Be
10.	OFFICERS AND D	IRECTORS	T 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11
NAME STREET ADDRESS CITY-ST-ZIP	DP NASSEF, NAMON A. 11562 CLEAR CREEK DRIVE PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE PARTY OF THE P	Addition
TITLE NAME STREET ADORESS DITY-ST-ZIP	4" "	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
ITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐	Addition

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 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

☐ Change

Addition

☐ Addition