

2001 UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # L99000009380

1. Entity Name
GOVSTREETUSA, L.L.C.

FILED
01 APR 23 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4400 140TH AVENUE NORTH
CLEARWATER FL 34622

Mailing Address
4400 140TH AVENUE NORTH
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | |
|---|-------------|----------------|
| 4. FEI Number 59-3631286 | APPLIED FOR | Applied For |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Not Applicable |
| \$5.00 Additional Fee Required | | |

6. Name and Address of Current Registered Agent

POAD, MARTIN L
4400 140TH AVENUE NORTH
CLEARWATER FL 34622

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM POAD, MARTIN L 4400 140TH AVE. N., SUITE 250 CLEARWATER FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POAD, DIANE R 440 140TH AVE. N., SUITE 250 CLEARWATER FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STRAUB, THOMAS 4400 140TH AVE. N., SUITE 250 CLEARWATER FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCOTT, WILLIAM A 4400 149TH AVE. N., SUITE 250 CLEARWATER FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HIGGINS, ALAN 4400 140TH AVE. N., SUITE 250 CLEARWATER FL 33762 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William A. Scott V.P. 4/17/01 727-524-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)