

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90232 003 ****50.00

DOCUMENT # L99000009380

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



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

Mailing Address
**4400 140TH AVENUE NORTH
CLEARWATER FL 34622**

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

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** Delete
NAME **POAD, MARTIN L**
STREET ADDRESS **4400 140TH AVE. N., SUITE 250**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **POAD, DIANE R**
STREET ADDRESS **440 140TH AVE. N., SUITE 250**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **STRAUB, THOMAS**
STREET ADDRESS **4400 140TH AVE. N., SUITE 250**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** Delete
NAME **SCOTT, WILLIAM A**
STREET ADDRESS **4400 149TH AVE. N., SUITE 250**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** Delete
NAME **HIGGINS, ALAN**
STREET ADDRESS **4400 140TH AVE. N., SUITE 250**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William A. Scott* **WILLIAM A. SCOTT** **4/11/03** **727-524-8663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)