

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90025 017 \*\*\*\*61.25

**DOCUMENT # N02000009653**

1. Entity Name  
**U.S.B. INDUSTRIES, INC.**



Principal Place of Business  
**2060 S PATRICK DR  
INDIAN HARBOR BCH, FL 32937**

Mailing Address  
**2060 S PATRICK DR  
INDIAN HARBOR BCH, FL 32937**

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**27-0038883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SUTCH, CHRISTINA B  
202 N. HARBOR CITY BLVD., SUITE 200  
MELBOURNE, FL 32935**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GATTI, WALTER 2060 S PATRICK DR INDIAN HARBOR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>B</del> <del>GAZYBOWSKI, JOHN</del> <del>2808 MELBY ST</del> <del>EAU CLAIRE, WI 54603</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, ROBERT 5127 BLOOMINGDALE AVE TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DELETE**

**DO NOT WRITE  
IN THIS SPACE**

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like amendments.

**SIGNATURE:** \_\_\_\_\_

Signature, typed or printed name of signing officer or director

**4-104**  
Date

**321-773-3036**  
Daytime Phone #

**WALTER J. GATTI, DIRECTOR**