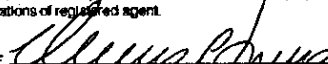
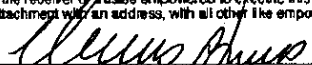


FILED

03 JUN 25 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005951			
1. Entity Name USA HEAT, INC.			
Principal Place of Business 7803 MANATEE AVE. W. GRADENTON, FL 34209 US		Mailing Address P.O. BOX 121253 CLERMONT, FL 34711 US	
2. Principal Place of Business P.O. Box 121253		3. Mailing Address SAA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clermont, FL		City & State	
Zip 34712		Country LAKE	
4. FEI Number 59-3474117		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, THOMAS V 3500 12TH AVENUE NORTH ST PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name THOMAS P. JONES Street Address (P.O. Box number is not acceptable) 12304 Double Run Rd. City Astoria FL Zip Code 34705	
A. 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 6-11-03	
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CPD JONES, THOMAS P 1471 W. MAGNOLIA ST. CLERMONT, FL 34711 12304 Double Run Rd. ASTORIA, FL 34705	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	600021131938 06/25/03--01036--001 ***6.25
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MTD JONES, MARNI 1471 W. MAGNOLIA ST. CLERMONT, FL 34711 12304 Double Run Rd. ASTORIA, FL 34705	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D JOHNSON, BRYANT 3641 3RD AVE N SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 517, 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 empowered.			
SIGNATURE: 		DATE 6-11-03 352-636-2563	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date	

p 6/25