

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90143 044 \*\*\*150.00

**DOCUMENT # P00000011748**  
**1. Entity Name**  
**UNITED STATES OF AMERICA INC.**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>P.O. BOX 3163<br>PALM BEACH FL 33480-1363 | <b>Mailing Address</b><br>P.O. BOX 3163<br>PALM BEACH FL 33480-1363 |
|---|---|

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



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| <b>4. FEI Number</b><br>65-098 1192     | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                  |

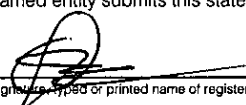
**6. Name and Address of Current Registered Agent**

**WHITE, RAYBURN LEON**  
**1854 LYNTON CIR.**  
**WELLINGTON FL 33414**

**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 4-16-2001

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete<br><b>PRESIDENT</b><br><b>MARQ QUARIUS</b><br><b>1854 LYNTON CIRCLE</b><br><b>WELLINGTON, FL 33414</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 4/16/2001 Daytime Phone # (561) 586 0000

CR2E034 (10/00)