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FILED
Jun 03, 2002 8:00 am
Secretary of State
05-17-2002 90043 023 ***150.00

- 34301

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018673

1. Entity Name
PROJECT USA INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12276-111 SAN JOSE BLVD	SAN J
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State
Zip: 32223 Country: DUVAL	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593627046 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: BARTLETT & BEAL
Street Address (P.O. Box Number is Not Acceptable): 50 N A1A SUITE 103
City: PONTE VEDRA BEACH FL Zip Code: 32082

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 GIORGIO AZZALIN 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	GIORGIO AZZALIN
STREET ADDRESS	353 CROSSROAD LK DR
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	V.P.
NAME	NICOLA LOCCISANO
STREET ADDRESS	353 CROSSROAD LK DR
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GIORGIO AZZALIN 4/25/02 904-880/007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #