

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072753

1. Entity Name

U.S.A. TUG OF WAR, INC.

Principal Place of Business

~~1903 SUCCESS ROAD~~
AUBURNDALE FL 33823

Mailing Address

~~1903 SUCCESS ROAD~~
AUBURNDALE FL 33823

2. Principal Place of Business

2408 SUMMER HOLLOW DR.

3. Mailing Address

2408 SUMMER HOLLOW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL 33823

City & State

AUBURNDALE, FL 33823

4. FEI Number

59-3650156

Applied For

Not Applicable

Zip

33823

Country

POLK

Zip

33823

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEILS, STEVE
1903 SUCCESS ROAD
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

SHEILS, STEVE

Street Address (P.O. Box Number is Not Acceptable)

2408 SUMMER HOLLOW DR.

City

AUBURNDALE,

FL

Zip Code
33823

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

Steve Sheils

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

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
PRESIDENT/TREASURE

☐ Delete

NAME
STEVE SHEILS

STREET ADDRESS
2408 SUMMER HOLLOW DR.
CITY-ST-ZIP
AUBURNDALE, FL 33823

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Steve Sheils

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Sheils

4/20/01

Date

863-967-6146

Daytime Phone #

CR2E034 (10/00)

0379670

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90102 006 ***150.00



DO NOT WRITE IN THIS SPACE