

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 8:00 am**
Secretary of State

03-23-2001 90033 009 ***150.00

DOCUMENT # P00000077902

1. Entity Name

USAPHIL, INC.

Principal Place of Business

Mailing Address

SAME AS BELOW**NW 13TH ST
GAINESVILLE FL 32609**

2. Principal Place of Business

4397 HWY 90 WEST

3. Mailing Address

4397 HWY 90 WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE CITY, FLORIDA**LAKE CITY, FLORIDA**

City & State

City & State

Zip

Country

Zip

Country

32055**COLUMBIA****32055****COLUMBIA**

4. FEI Number

593671379

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**POE, MICHAEL A
4155 NW 13TH ST
GAINESVILLE FL 32609**

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

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) ☐**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL POE	
STREET ADDRESS	4397 HWY 90 W	
CITY-ST-ZIP	LAKE CITY, FL 32055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ERLINDA DIMAYUGA	
STREET ADDRESS	4397 HWY 90 WEST	
CITY-ST-ZIP	LAKE CITY, FL 32055	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	ERNIE DIXON	
STREET ADDRESS	16305 NW 163RD LANE	
CITY-ST-ZIP	ALACHUA, FL 32019	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NELL DIXON	
STREET ADDRESS	16305 NW 163RD LANE	
CITY-ST-ZIP	ALACHUA FL 32019	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**ERLINDA DIMAYUGA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

031901

Date

(904) 7529369

Daytime Phone #

CR2E034 (10/00)