

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90018 001 \*\*\*150.00

**DOCUMENT # P00000077914**

1. Entity Name

**PHILUSA, INC.**

Principal Place of Business

4155 NW 13TH ST.  
GAINESVILLE FL 32609

Mailing Address

4155 NW 13TH ST.  
GAINESVILLE FL 32609

2. Principal Place of Business

4155 NW 13TH STREET

3. Mailing Address

4397 HWY 90 WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

LAKE CITY, FL

4. FEI Number

593678859

Applied For

Not Applicable

Zip

32609

Country

FLORIDA

Zip

32055

Country

COLUMBIA

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	MICHAEL POE	
STREET ADDRESS	4397 HWY 90 W	
CITY-ST-ZIP	LAKE CITY, FL 32055	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	ERLINDA DIMAYUGA	
STREET ADDRESS	4397 HWY 90 W	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	NEIL DIZON	
STREET ADDRESS	16305 NW 163RD LANE	
CITY-ST-ZIP	ALACHUA, FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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

03/901

Date

Daytime Phone #