DOCUMENT # P0000089504  1. Entity Name UNIVERSAL SMALL BUSINESS STANDARDS COUNCIL, INC.					Secretary of State 05-16-2001 90027 047 ***150.00			
Principal Place 27725 OLD 413 BONITA SPRIN	0053		דטטטט					
2. Principal Place of Business 300 T. H. G. Durand South P. B. 33+ 53 Suite, Apt. #, etc.			3		DO NOT WRITE IN THIS SPACE			
City & State Papes Zip 34102	FL 341-2	Bon: 1- 50- Zip 34133-2053	Country Lee	5	FEI Number  Certificate of Statu	s Desired	\$8.75 Add	
2772 BON	RN, CHRISTIAN J 25 OLD 41ST RD., SUITE 202 IITA SPRINGS FL 34133-0053	the purpose of changing its in the CH 2157	City cegistered office o	ddress Pe	Box Number is Not	Acceptable)	TL Zip Cod	34
9. This corpo	Signature, typedor printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. ría on back)	nd title if applicable. (NOTE:	Registered Agent signal  FEE IS \$150.  Fee will be \$	00 550.00	10. Election Ca	DAT ampaign Financing Contribution.	\$5.0	<b>0</b> May Be
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Grey Dallen 300 Tiffl Auche	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANG	ES TO OFFICERS A	AND DIRECTOR:	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nacs, FL 34122	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07 Chrsh 23635 Barib	rian Stan Reparis	7 Cowl + 5/ 34134	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del>- sh 3 - ( )</del>	<u></u>	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby C	entify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemption stat	ed in Section	n 119.07(3)(i). Florid	a Statutes. I further	Change	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 adortess, with all other like empowered.

SIGNATURE

CHRIST UN STERO

**2001 UNIFORM BUSINESS REPORT (UBR)** 

4-22-5, 941-24817
Date Daytime Phone #

3R2E034 (10/00