

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90014 009 \*\*\*150.00

**DOCUMENT # P00000114536**

1. Entity Name  
**USCHI'S EMPORIUM, INC.**

Principal Place of Business <b>12767 BENTWATER DRIVE JACKSONVILLE FL 32246</b>	Mailing Address <b>12767 BENTWATER DRIVE JACKSONVILLE FL 32246</b>
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049892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>405 3rd ST. SOUTH</b>	3. Mailing Address <b>405 3rd ST. SOUTH</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>JACKSONVILLE BEACH FL</b>	City & State <b>JACKSONVILLE BEACH FL</b>	4. FEI Number <b>59-3690978</b>	Applied For Not Applicable
Zip <b>32250</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**OULSON, KEITH T  
 12767 BENTWATER DRIVE  
 JACKSONVILLE FL 32246**

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 \_\_\_\_\_ (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.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OULSON, KEITH T</b> <b>12767 BENTWATER DRIVE</b> <b>JACKSONVILLE FL 32246</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T</b> <b>OULSON, KEITH T.</b> <b>12767 BENTWATER DR.</b> <b>JACKSONVILLE, FL 32246</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OULSON, URSULA W</b> <b>12767 BENTWATER DRIVE</b> <b>JACKSONVILLE FL 32246</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/S</b> <b>OULSON, URSULA W.</b> <b>12767 BENTWATER DR.</b> <b>JACKSONVILLE FL 32246</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: Keith Oulson **KEITH OULSON** **2/14/01** **904 630 8358**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)