

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUL 29 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

INCORPORATE USA, INC. P01000004085

DO NOT WRITE IN THIS SPACE

800006853498--3
-08/01/02--01042--018
*****600.00 *****150.00

2. Principal Place of Business
3150 SANDY RIDGE DR

3. Mailing Address
P.O. BOX 7902

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

4. FEI Number
59-3689303

Applied For
Not Applicable

Zip
33761

Country

Zip
33758

Country

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN F. MARTIN

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

3150 SANDY RIDGE DR

City CLEARWATER

FL

Zip Code
33761

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 date 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT-CEO-DIRECTOR
JOHN F. MARTIN
3150 SANDY RIDGE DR
CLEARWATER, FL 3361

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)