# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2002 8:00 am**
**Secretary of State**
05-02-2002 90099 026 ***150.00

DOCUMENT # P01000008932

1. Entity Name

USC BUILDING SERVICE, INC.

Principal Place of Business

12420 Rodgun Club Rd
FT MYERS, FL 33913

Mailing Address

THE Same

[redacted]

88188

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12420 rodgun Club Rd

Suite, Apt. #, etc.:

City & State
FT MYERS FL

Zip
33913

Country

3. Mailing Address
The Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-1090238

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARMANDO J. LOPEZ
12420 Rodgun Club Rd
FT MYERS, FL 33913

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)

FAX FILE NOW (FEE IS $150.00) OR MAIL AFTER MAY 31, 2002 (FEE WILL BE $350.00)
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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PRESIDENT<br>ARMANDO J. LOPEZ<br>12420 Rodgun Club Rd.<br>FT MYERS, FL 33913 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TLE<br>AME<br>TREET ADDRESS<br>TY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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| LE<br>ME<br>EET ADDRESS<br>Y-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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: _____ 04/16/02 (941)369-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #