

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0187725 AV

DOCUMENT # P01000011193

1. Entity Name
FSUSM, INC.



05-01-2003 90262 008 ***150.00

Principal Place of Business
4086 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address
4086 COCOPLUM CIRCLE
COCONUT CREEK FL 33063



2. Principal Place of Business

3. Mailing Address

6820 NW 16th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Margate, FL 33063

4. FEI Number 65-1063639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG, JILL
4086 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Name Jill Lang

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

6820 NW 16th St.

City Margate

FL 33063

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LANG, JILLIAN P	
STREET ADDRESS	4086 COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	V	<input type="checkbox"/> Delete
NAME	LANG, MARK	
STREET ADDRESS	4086 COCOPLUM CIRCLE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, JILLIAN P.	
STREET ADDRESS	6820 NW 16th St.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, MARK	
STREET ADDRESS	6820 NW 16th St.	
CITY-ST-ZIP	Margate, FL 33063	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Lang, V.P. (Mark Lang v.p.)

1/25/03

(954) 501-3851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)