2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2003
Secretary of State

DOCUMENT# P01000066317

Entity Name: USA FLORIDA GROUP, INC.

Current Principal Place of Business:

1432 SW COURTYARDS LN, UNIT 101
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

PO BOX 101022
CAPE CORAL, FL 339101022

New Mailing Address:

FEI Number: 65-1120862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISCHER, ALEXANDRA
1432 SW COURTYARDS LN
UNIT 10
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

FISCHER, ALEXANDRA
1432 SW COURTYARDS LN
UNIT 101
CAPE CORAL, FL 33914 US

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: ALEXANDRA FISCHER 01/12/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FISCHER, ALEXANDRA
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914

Title: T ( ) Delete
Name: FISCHER, ALEXANDRA
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: FISCHER, ALEXANDRA
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914

Title: V ( ) Delete
Name: HAHN, JUERGEN
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete
Name: FISCHER, ALEXANDRA
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914 33

Title: D ( ) Delete
Name: HAHN, JUERGEN
Address: 1432 SW COURTYARDS LN, UNIT 101
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRA FISCHER P 01/12/2003
Electronic Signature of Signing Officer or Director Date