2002 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2002 8:00 am Secretary of State **DOCUMENT#** P01000068619 1. Entity Name 07-25-2002 90127 045 ***150.00 USA TECH, INC. Principal Place of Business Mailing Address 00132355 300 LEEWARD ISLAND 300 LEEWARD ISLAND CLEARWATER FL 33767 CLEARWATER FL 33767 2. Principal Place of Business 3. Mailing Address 300 Legualo 300 Leewold Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number ephuniel Applied For EARWATER 593736063 Ζip Not Applicable Country Country 337*6*7 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Náme SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 22 STREET 4TH FLOOR **MIAMI FL 33145** City 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. I am familiar with, and accept 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 FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** TITLE ☐ Delete TITLE CHRISTOPHER, MARY C ☐ Change ☐ Addition NAME STREET ADDRESS 300 LEEWARD ISLAND STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33767 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change CHRISTOPHER, JAMES ☐ Addition NAME STREET ADDRESS 300 LEEWARD ISLAND STREET ADDRESS CITY-ST-7IP **CLEARWATER FL 33767** CITY-ST-7IF TITLE Delete TITLE NAME ___ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change NAME ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME ☐ Change ■ Addition NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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To Whom It May Concern:

I just received the 60-day notice for the 2002 Uniform Business Report. This was the first time I received this form. I started my business in August 2001 and did not know to file this report on my own. Being a first time business owner I am in the process of learning how, when and what needs to be filed with the state. I spoke with Steve at 850-488-9000 and he said I could send a \$150 check with a note stating this was my first notice. Enclosed is my check and next year I will know how and when this report needs to be filed. Thank you for your time.

May C. Christopher

Mary C. Christopher