

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90141 009 ***150.00

DOCUMENT # P01000117732

1. Entity Name

USA-FLA. TAX SERRVICES, INC.

Principal Place of Business

**7419 DEEPWOOD DRIVE SOUTH
 JACKSONVILLE FL 32244**

Mailing Address

**7419 DEEPWOOD DRIVE SOUTH
 JACKSONVILLE FL 32244**

2. Principal Place of Business

1308 Dunn Ave

3. Mailing Address

7419 Deepwood Dr. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FLA

City & State

Jacksonville FLA

Zip

32244

Country

USA

Zip

32244

Country

USA

4. FFL Number

59-3760959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TOWNSEND, LANCE D
 7419 DEEPWOOD DRIVE SOUTH
 JACKSONVILLE FL 32244**

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **TOWNSEND, LANCE D**
 CITY-ST-ZIP **7419 DEEPWOOD DRIVE SOUTH
 JACKSONVILLE FL 32244**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **MILLETE, MANUEL A JR**
 CITY-ST-ZIP **4129 AUTREY AVENUE, W.
 JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME **Manuel A. Millete Jr**
 STREET ADDRESS **1308 Dunn Ave**
 CITY-ST-ZIP **Sax FLA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **Delete Manuel A. Millete Jr**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Sold his shares**
 STREET ADDRESS **back to me, Lance Townsend**
 CITY-ST-ZIP **Transferred all shares**

TITLE ☐ Change ☐ Addition
 NAME **which is 500 shares**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

LANCE D TOWNSEND
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-2002
 Date

904 771-0968 14
904-751-1040 24
 Daytime Phone #

CR2E034 (9/01)