2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2003 8:00 am Secretary of State

| 1. Entity Name USCO INC. | | | | | | | 02-24-2003 90 | 0221 008 ** | *150.00 | |
|---|------------------------------------|--|--|-------------------------|----------------------------|--|---|---------------------|---------------------|-----------------|
| Principal Place of Business C/O COAST-TO-COAST INVESTMENT GROUP 267 N. COLLIER BLVD STE. 204 MARCO ISLAND FL 34145 | | | Mailing Address C/O COAST-TO-COAST INVESTMENT GROUP 267 N. COLLIER BLVD STE. 204 MARCO ISLAND FL 34145 | | | | | | 3 1 | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | 1 | EBB((BB) 111 BB(D) 110 BB() 88 1 | TIBBL HTID ITHI ER | Di Diriji didi 1801 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City & State | | | | FEI Number 59-376/1-78 | | Applied For | \Box |
| Zip Country | | Country | Zip Cour | | ntry | 5. Certificate of Status Desired S8.75 Addition Fee Required | | Not Applicable | • | |
| | 6. Name | and Address of Current | Registered Agent | | | | Name and Address of New Registe | | red | ᆗ |
| 2011.52 | | | | := | Name | | | | | 뒥 |
| C/O COAST-TO-COAST INVESTMENT GROUP | | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | - |
| 267 N. COLLIER BLVD., STE. 204 | | | | | | | | | -{ | |
| MARCO ISLAND FL 34145 | | | | | | | | | | |
| | | | | | City | | | FL Zip Co | | |
| the obliga | e named entity ations of regist | r submits this statement for ered agent. | or the purpose of changing it | ts register | ed office or register | red ag | gent, or both, in the State of Florida. I | am familiar with | and accept | 7 |
| SIGNATURE | Signature typed | or printed name of registered agent | and title if applicable. (NO | TE: Registere | d Agent signature required | d when re | einelating) Da | | | |
| Afte | er May 1, 200 | FEE IS \$150.00 Fee will be \$550.00 Florida Department of | l State | | | | 9. Election Campaign Financing Trust Fund Contribution. | _ ~~. | 00 May Be | - |
| 10. | | OFFICERS AND | | 11. | | ΑΓ | L DDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | O IN 44 | ╣ |
| TITLE | D | | ☐ Delete | TITLE | | | DITIONS/CHANGES TO OFFICERS | Change | Addition | ন |
| NAME STREET ADDRESS CITY-ST-ZIP | NESTLER, WITTERSW | VOLKER Jiler Strasse 34 Stetten, Switzerlai | un. | | FT ADORESS | | ÷ | | | CR2E034 (10/02) |
| TITLE | VPT | STETTICIS OTTTEETED | | | ST-ZIP | | | | | 间 |
| NAME STREET ADDRESS CITY-ST-ZIP | VOLKER, N WITTERSW | KESTLER Viler Str 34 En, Switzerland 41 | ☐ Oelete | | | 1 | | ☐ Change | Addition | S |
| TITLE | | | ☐ Delete | TITLE | | | | Change | Addition | - |
| NAME STREET ADDRESS- CITY-ST-ZIP | | | | | TADDRESS | · - | 3 | | | - |
| | | | | CITY- | ST-ZIP | | | <u>,</u> | | |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | NAME STREE | T ADORESS | | | Change | Addition | |
| CITY-ST-ZIP | | | | | ST-ZIP | | | | | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | ı | ☐ Delete | TITLE NAME STREET | T ADDRESS | | | Change | Addition . | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME | ADDRESS | | | ☐ Change | Addition | |
| | ertify that the i | nformation supplied with t | his filing does not qualify for | | | tion 1 | 19.07(3)(i), Florida Statutes. I further of | certify that the in | formation | |

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

| SIGNATURE: | |
|------------|--|
| | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |

1003