

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90114 010 \*\*\*150.00

0714429 AV

**DOCUMENT #** P02000025781

**1. Entity Name**  
USEFUL STUFF, INC.



**Principal Place of Business**  
1560 BRAE MOOR LANE  
DUNEDIN FL 34698

**Mailing Address**  
1560 BRAE MOOR LANE  
DUNEDIN FL 34698

**2. Principal Place of Business**

**3. Mailing Address**

590 Kirkland Cir 590 Kirkland Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Dunedin FL

**City & State**

Dunedin FL

**4. FEI Number**

90-0071753

**Applied For**

**Not Applicable**

**Zip**  
34698

**Country**  
Puerto Rico

**Zip**  
34698

**Country**  
Puerto Rico

**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**

GODFREY, COLLEEN  
1560 BRAE MOOR LANE  
DUNEDIN FL 34698

**Name**

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

590 Kirkland Cir

**City**

Dunedin

**FL**

**Zip Code**

34698

**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**

*Colleen Godfrey*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-2-03

**DATE**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>GODFREY, COLLEEN</b> <b>1560 BRAE MOOR LANE</b> <b>DUNEDIN FL 34698</b>	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Colleen Godfrey</b> <b>590 Kirkland Cir</b> <b>Dunedin FL 34698</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**

*Colleen Godfrey*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-03

**Date**

**Daytime Phone #**

CR2E034 (4/03)

Attachment

80144541  
# P02000025781

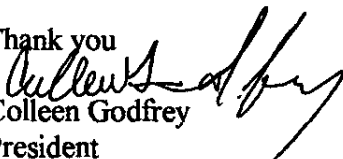
**Useful Stuff, Inc.**  
**590 Kirkland Cir**  
**Dunedin, FL 34698**  
**Telephone (727) 733-0772/Facsimile (727) 733-8777**  
**service@thevendinglocators.com**

9-3-03

Dear Sirs

Please note I am paying this late due to the fact that I never received the previous notice, probably due to the change of address and move.

If you have any questions please feel free to contact me at 727-733-0772

Thank you  
  
Colleen Godfrey  
President