2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

Principal Place of Business

2. Principal Place of Business

808 EAGLE CLAW COURT

LAKE MARY FL 32746

P02000032662

Mailing Address

3. Mailing Address

808 EAGLE CLAW COURT LAKE MARY FL 32746

1. Entity Name

INFORMATION USA, INC.



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90077 015 ***150.00

AAAAT 196

☐ CHECK HERE IF MAKING CHANGES

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Zip	Country	Zip .	Zip Cou		5. Certificate of Status			Desired S8.75 Additional Fee Required				
	6. Name and Address of C	urrent Registered Ager	egistered Agent		7. Name and Address of New Registered Agent							
	Name											
	UTRERA, P.A.					Street Address (P.O. Box Number is Not Acceptable)						
1840 SW 2	22ND ST.							.,				
4TH FLOO	R											
MIAMI FL (City FL					Zip Code	
	named entity submits this state ons of registered agent.	ment for the purpose of	changing its reg	istered office or re	egistered	d agent,	or both, in the Sta	te of Florida.	I am fam	illiar with, a	and accept	
£												
SIGNATURE _	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Reg	gistered Agent signature	required w	hen reinstat	ting)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Camp Trust Fund Cor	•	9 🗆		May Be to Fees	
		S AND DIRECTORS		11.		ADDIT	IONS/CHANGES	TO OFFICERS	AND D	IRECTORS	IN 11	
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12 Lhereby c	ertity that the information suppl	lied with this filling does r	not quality for the	e exemption state	eu in Sec	uon 119	.u/(3)(I), FIORIDA S	iaiules. Hufffi	CL CEITH	julatule ir	HOLHBUIDH :	

2. 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:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-324-5427

CR2E034 (10/02