

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90128 043 \*\*\*150.00

057689  
AV

DOCUMENT # **P02000064066**

1. Entity Name  
**US4 INC.**



Principal Place of Business  
**3429 DELTONA  
SPRING HILL FL 34606**

Mailing Address  
**3429 DELTONA  
SPRING HILL FL 34606**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country **U.S.** Zip Country **U.S.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~BARNETT, CINDY A  
12410 CORONADO  
SPRING HILL FL 34609~~

**Biernat, Jennifer L.  
13012 Jocelyn Way  
Spring Hill, FL 34609**

4. FEI Number  
**81-0555865**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Jennifer L. Biernat**

Street Address (P.O. Box Number is Not Acceptable)  
**13012 Jocelyn Way**

City **Spring Hill** FL Zip Code **34609**

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 **Jennifer L. Biernat (President)** *Jennifer L. Biernat* **4/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D President/ Secretary</b> <b>BIERNAT, JENNIFER L</b> <b>13012 JOCELYN WAY</b> <b>SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Vice Pres. / Treasurer</b> <b>KOEHLER, DAWN M</b> <b>13012 JOCELYN WAY</b> <b>SPRING HILL FL 34609</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>BARNETT, CINDY A</b> <b>12410 CORONADO</b> <b>SPRING HILL FL 34609</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>D</b> <b>BARNETT, MICHAEL D</b> <b>12410 CORONADO</b> <b>SPRING HILL FL 34609</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE 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: *Jennifer L. Biernat* **JENNIFER L. BIERNAT** **4-9-03** **352-688-0444**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/02)