

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90346 028 ***150.00

DOCUMENT # P02000088772



1. Entity Name
USA SUPERROUTES, INC.

Principal Place of Business
**2625 W 5TH ST
JACKSONVILLE FL 32254**

Mailing Address
**2625 W 5TH ST
JACKSONVILLE FL 32254**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-845352

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAYLOR, W. HAMILTON
2625 W 5TH ST
JACKSONVILLE FL 32254**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, CARLTON H	
STREET ADDRESS	2625 W 5TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, JEFFREY C	
STREET ADDRESS	2625 W 5TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, CARLTON H	
STREET ADDRESS	2625 W. 5th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE, JEFFREY C	
STREET ADDRESS	2625 W. 5th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIER, MARK	
STREET ADDRESS	2625 W. 5th STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Mark Gier* **CFP**
TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

Date

904/286-8038

Daytime Phone #

CFR2034 (10/02)