

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90317 029 \*\*\*150.00

0498754 AV

**DOCUMENT # P02000101918**

1. Entity Name  
**US THREE ENTERPRISES, INC.**



Principal Place of Business  
**9251 PARK BLVD  
SEMINOLE FL 33777**

Mailing Address  
**9251 PARK BLVD  
SEMINOLE FL 33777**

**9251**  
2. Principal Place of Business  
**9251 Park Blvd.**

3. Mailing Address  
**9251 Park Blvd.**

City & State  
**SEMINOLE FL.**

City & State  
**SEMINOLE - FL.**

4. FEI Number  
**56-2294378**

Applied For  
Not Applicable

Zip Country  
**33777 Pinellas**

Zip Country  
**33777 Pinellas**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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>SD RONCHETTI, LORRAINE B</b> <input type="checkbox"/> Delete <b>9251 PARK BLVD SEMINOLE FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MATTER, TIMOTHY J</b> <input checked="" type="checkbox"/> Delete <b>9251 PARK BLVD SEMINOLE FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD RONCHETTI, VICTOR S</b> <input type="checkbox"/> Delete <b>9251 PARK BLVD SEMINOLE FL 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PTD. SUSAN Mendez 9251 Park Blvd SEMINOLE - FL - 33777</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Lorraine Ronchetti **4-22-03** **727-451-2084**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)