


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91237 012 ***158.75

DOCUMENT # P03000007543 1. Entity Name UNITED SURFACES INTERNATIONAL, INC.			
Principal Place of Business 5753 WHISTLEWOOD CIRCLE SARASOTA, FL 34232		Mailing Address 5753 WHISTLEWOOD CIRCLE SARASOTA, FL 34232	
2. Principal Place of Business 1705 Cattlemen Rd. Suite, Apt. #, etc. N-10 City & State Sarasota, FL Zip 34232		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA	
4. FEI Number 65-1192209		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, NICHOLAS 5753 WHISTLEWOOD CIRCLE SARASOTA, FL 34232		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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - President REED, NICHOLAS 5753 WHISTLEWOOD CIRCLE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, Sec-Treas. Claudia D. Reed 5753 Whistlewood Circle Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director, Vice President Kenton E. Reed 5753 Whistlewood Circle Sarasota, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4. FEI Number
65-1192209

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

**REED, NICHOLAS
5753 WHISTLEWOOD CIRCLE
SARASOTA, FL 34232**

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, 2004 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D - President
REED, NICHOLAS
5753 WHISTLEWOOD CIRCLE
SARASOTA, FL 34232** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director, Sec-Treas.
Claudia D. Reed
5753 Whistlewood Circle
Sarasota, FL 34232** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director, Vice President
Kenton E. Reed
5753 Whistlewood Circle
Sarasota, FL 34232** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director/President 941-356-5253
Date Daytime Phone #