

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90219 001 ***150.00

DOCUMENT # P03000109202



1. Entity Name
BUSINESS-USA, INC.

Principal Place of Business
3002 SE DALHART RD.
PORT SAINT LUCIE, FL 34952

Mailing Address
3002 SE DALHART RD
PORT SAINT LUCIE, FL 34952

60001693



2. Principal Place of Business - No P.O. Box #
295 NE SAGAMORE TERR

3. Mailing Address
295 NE SAGAMORE TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072007 Chg-P CR2E034 (12/06)

City & State
PORT ST LUCIE FL

City & State
PORT ST LUCIE FL

4. FEI Number
55-0853978

Applied For
Not Applicable

Zip Country
34983-1262 USA

Zip Country
34983-1262 USA

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

6. Name and Address of Current Registered Agent

CHERNISKY, GAYLE L
3002 SE DALHART RD.
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

295 NE SAGAMORE TERR

City PORT ST LUCIE FL Zip Code 34983

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 GAYLE L CHERNISKY

Gayle Chernisky

1-8-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHERNISKY, GAYLE L
STREET ADDRESS 3002 SE DALHART RD
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 295 NE SAGAMORE TERRACE
CITY-ST-ZIP PORT ST LUCIE FL 34983-1262

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: GAYLE L CHERNISKY

Gayle Chernisky

1-8-07

772 285 0459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #