

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000006221 (5)

1. Corporation Name

U.S. FEDERAL BUSINESS SERVICES, INC.



Principal Place of Business

Mailing Address

4556 S MANHATTAN
SUITE L
TAMPA FL 33611
US

3825 HENDERSON BLVD.
602
TAMPA FL 33629
US

3. Date Incorporated or Qualified

11/19/1992

3a. Date of Last Report

10/26/1995

2. Principal Place of Business

2a. Mailing Address

21 26 4556 S. MANHATTAN

4. FEI Number

59-3153222

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 25 29 30 33611 US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KNELLINGER, ERIC M
314 NE BLVD N
ST PETERSBURG FL 33702

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME KNELLINGER, ERIC M
STREET ADDRESS 6421 109TH AVE. NO.
CITY-ST-ZIP PINELLAS PARK FL 34666

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS 314 NE BLVD. N
14 CITY-ST-ZIP ST. PETERSBURG, FL 33702

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and
that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address

SIGNATURE:

[Signature]

ERIC KNELLINGER

6-27-96

(813) 835-4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

CR2E034 (3/96)