

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91513 031 \*\*\*158.75

DOCUMENT # P93000017904 ✓  
1. Entity Name  
USA CONSTRUCTION, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>3143 NE 14<sup>th</sup> ST.</u> Suite, Apt. #, etc. <u>101</u> City & State <u>OCALA, FL</u> Zip <u>34470</u> Country <u>USA</u>		3. Mailing Address  Suite, Apt. #, etc.  City & State <u>SAME</u> Zip  Country  	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0399591</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <u>EMERSON J. CLAUSS, III</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>3365 SE 1<sup>st</sup> AVE</u>	
City <u>OCALA</u>	FL Zip Code <u>34471</u>

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PT</u> <u>CLAUSS, EMERSON J., III</u> <u>3365 SE 1<sup>st</sup> AVE</u> <u>OCALA, FL 34471</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VS</u> <u>CLAUSS, SUSAN</u> <u>3365 SE 1<sup>st</sup> AVE</u> <u>OCALA FL 34471</u>
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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: E. J. CLAUSS III 4/16/02 352 629 8922  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-0203-08 (12/01)