2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000041864

Entity Name: UNITED SOURCES OF AMERICA, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
P.O. BOX 1 TARPON S	1850 SPRINGS, FL	34688			N AVEMUE PRINGS, FL	34688	
Current Mailing Address:				New Mailir	New Mailing Address:		
P.O. BOX 1 TARPON S	1850 SPRINGS, FL	34688					
FEI Number:	59-3181440	FEI Nu	ımber Applied For() Fi	El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of (Current	Registered Agent:	Name and	Address of I	New Registered Agent:	
9 EAST TA	GERALD A RPON AV E SPRINGS, FL	34689	US	3 EAST TA	.L, CALVIN G RPON AV E :PRINGS, FL		
The above in the State		submits	this statement for the purpo	ose of changing it	s registered o	office or registered agent, or both,	
SIGNATUR	RE: CALVIN	G. MCD	OWELL			04/30/2002	
			ature of Registered Agent			Date	
This corpora	tion is eligible t	o satisfy i	ts Intangible Tax filing requiren	nent and elects to d	o so (X).		
			und Contribution ().		()-		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (MCDOWELL, 0 P.O. BOX 1850 TARPON SPRI	0, N/A	34688	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D (CIRCLE, PENN 72630 THRUSI PALM DESER	H ROAD		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	GOODBREAD, PO BOX 1850) Change (X) Addition BETH NGS, FL 34688	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D (HUANG, KC 3252 CHAPAR, ROANOKE, VA	•	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	ARNOLD, MAR	REET NW, SUITE 1000	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN G. MCDOWELL PD 04/30/2002