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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90324 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80107098

DOCUMENT # P93000041864

1. Entity Name
UNITED SOURCES OF AMERICA, INC.

Principal Place of Business	Mailing Address
3 E TARPON AVENUE TARPON SPRINGS, FL 34688	P.O. BOX 1850 TARPON SPRINGS, FL 34688

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3181440 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDOWELL, CALVIN G 3 EAST TARPON AV E TARPON SPRINGS, FL 34689	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 _____ DATE

FILING FEE $150.00
ANNUAL REPORT FEE $150.00
Make Check Payable to Florida Department of State

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			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	EXECUTIVE VICE-PRESIDENT	☐ Change ☒ Addition
NAME	MCDOWELL, C.G.		NAME	WESLEY SHELTON	
STREET ADDRESS	P.O. BOX 1850, N/A		STREET ADDRESS	13511 AVISTA DRIVE	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	D	☐ Delete	TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
NAME	CIRCLE, PENNY		NAME	STACY M. MACKIE	
STREET ADDRESS	72630 THRUSH ROAD		STREET ADDRESS	6386 ALBERTA STREET	
CITY-ST-ZIP	PALM DESERT, CA		CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOODBREAD, BETH		NAME		
STREET ADDRESS	PO BOX 1850		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUANG, KC		NAME		
STREET ADDRESS	3252 CHAPARAL DR, APT C		STREET ADDRESS		
CITY-ST-ZIP	ROANOKE, VA 24018		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	ARNOLD, MARY E		NAME		
STREET ADDRESS	1120 20TH STREET NW, SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20510		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: _____ 4/28/03 Pres. dent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #