

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90478 050 ***158.75

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DOCUMENT # P93000086369

1. Entity Name
US-PRESS, INC.



Principal Place of Business
**5700 MEMORIAL HWY
SUITE 205
TAMPA FL 33615**

Mailing Address
**PO BOX 26533
TAMPA FL 33623-6533**



2. Principal Place of Business

3. Mailing Address

5700 Memorial Hwy

5700 Memorial Hwy

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33615

Country
U.S.A

Zip
33615

Country
U.S.A

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3226680**

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

**PARDO, MONICA
5700 MEMORIAL HWY SUITE 205 201
TAMPA FL 33615**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | D | <input type="checkbox"/> Delete |
| NAME | PARDO, MONICA | |
| STREET ADDRESS | 3610 DANO SHORES DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PARDO, PATRICIA | |
| STREET ADDRESS | 3610 DANA SHORES DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VO | <input type="checkbox"/> Delete |
| NAME | PARDO, VENANCIO | |
| STREET ADDRESS | 3610 DANA SHORES DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Monica Pardo **MONICA PARDO**

4/24/03 **(813) 290-0113**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)