

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000218

1. Entity Name

U.S. MULTICO, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90184 049 \*\*\*150.00

Principal Place of Business

5195 FOXHALL DR. N.  
WEST PALM BEACH FL 33417

Mailing Address

5195 FOXHALL DR. N.  
WEST PALM BEACH FL 33417-8144

2. Principal Place of Business

7607 PRESERVE CT  
Suite, Apt. #, etc.

3. Mailing Address

7607 PRESERVE CT  
Suite, Apt. #, etc.

City & State

WEST PALM BCH FL

City & State

WEST PALM BCH

4. FEI Number

65-0455413

Applied For

Not Applicable

Zip

33412

Country

FLA

Zip

33412

Country

FLA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, JAMES M  
5195 FOXHALL DR NORTH  
WEST PALM BEACH FL 33417  
7607 PRESERVE CT.  
WEST PALM BEACH, FL.  
33412

7. Name and Address of New Registered Agent

Name: JAMES M HARVEY  
Street Address (P.O. Box Number is Not Acceptable): 7607 PRESERVE, CT  
City: WEST PALM BCH FL Zip Code: 33412

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: JAMES M HARVEY  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	PD	<input type="checkbox"/> Delete
NAME	HARVEY, SUZANNE	
STREET ADDRESS	5195 FOXHALL DR N	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	QUAN-HILL, DANIELLE	
STREET ADDRESS	3228 F POST WOODS DRIVE	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	CMD	<input type="checkbox"/> Delete
NAME	HARVEY, JAMES M	
STREET ADDRESS	5195 FOXHALL DR NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARVEY, JASON M	
STREET ADDRESS	251 WOOLSEY RD	
CITY-ST-ZIP	SHARPSBURG GA 30227	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUAN, JAIME A	
STREET ADDRESS	5195 FOXHALL DR N	
CITY-ST-ZIP	WEST PALM BCH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	HARVEY, SUZANNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7607 PRESERVE COURT	
STREET ADDRESS	WEST PALM BEACH, FL. 33412	
CITY-ST-ZIP		
TITLE	QUAN-HILL, DANIELLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8785 TERRACE LAKE	
STREET ADDRESS	ROSWELL, GA. 30076	
CITY-ST-ZIP		
TITLE	HARVEY, JAMES M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7607 PRESERVE COURT	
STREET ADDRESS	WEST PALM BEACH, FL. 33412	
CITY-ST-ZIP		
TITLE	HARVEY, JASON M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	280 NORTHERN AVENUE, #37L	
STREET ADDRESS	ALONDAL ESTATES, GA. 30002	
CITY-ST-ZIP		
TITLE	QUAN-HARVEY, JAIME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	704 SOUTH COURT, FFC	
STREET ADDRESS	CLEVELAND, MS. 38732	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES M HARVEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1003.00  
Date

561 832 7294  
Daytime Phone #

CR2E034 (9/99)