

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90014 035 ***150.00

0361372 AV

DOCUMENT # P94000000218

1. Entity Name
U.S. MULTICO, INC.

Principal Place of Business
**7607 PRESERVE CT
 WEST PALM BEACH FL 33412**

Mailing Address
**7607 PRESERVE CT
 WEST PALM BEACH FL 33412**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0455413**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**HARVEY, JAMES M
 7607 PRESERVE CT
 WEST PALM BEACH FL 33412**

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.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/5/02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **HARVEY, SUZANNE**
 STREET ADDRESS **7607 PRESERVE COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TS** ☐ Delete
 NAME **QUAN-HILL, DANIELLE**
 STREET ADDRESS **2982 SANTOS LANE #C307**
 CITY-ST-ZIP **WALNUT CREEK CA 94596**

TITLE **TS** ☒ Change ☐ Addition
 NAME **QUAN, DANIELLE**
 STREET ADDRESS **3562 Piedmont Road, #215**
 CITY-ST-ZIP **ATLANTA, GA. 30305**

TITLE **CMD** ☐ Delete
 NAME **HARVEY, JAMES M**
 STREET ADDRESS **7607 PRESERVE CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HARVEY, JASON M**
 STREET ADDRESS **251 WOOLSIE RD**
 CITY-ST-ZIP **SHARPSBURG GA 30227**

TITLE **D** ☒ Change ☐ Addition
 NAME **HARVEY, JASON M**
 STREET ADDRESS **112 ARDMORE PLACE, #5**
 CITY-ST-ZIP **ATLANTA, GA 30309**

TITLE **D** ☐ Delete
 NAME **HARVEY, JAIME A**
 STREET ADDRESS **406 BISHOP RD #C201**
 CITY-ST-ZIP **CLEVELAND MS 38732**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)