

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90198 047 \*\*\*150.00

DOCUMENT # P94000079418

1. Entity Name

U S FORKS, INC.



**DO NOT WRITE IN THIS SPACE**

10062853

2. Principal Place of Business

2451 West State Road 44

3. Mailing Address

P. O. Box 999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deland, FL

City & State  
Deland, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
32720

Country  
USA

Zip  
32721-0999

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
POTTER, ELIZABETH ANNE

Street Address (P.O. Box Number is Not Acceptable)

2451 WEST STATE ROAD 44

City  
DELAND

FL

Zip Code  
32720

**DO NOT WRITE  
IN THIS SPACE**

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

*Elizabeth Anne Potter*

4-02-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
EVERHART, ROGERS A.  
2451 W. STATE ROAD 44  
DELAND, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DV  
POTTER, ELIZABETH A.  
2451 W. STATE ROAD 44  
DELAND, FL 32720

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Elizabeth Anne Potter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-03

Date

386/469-0026

Daytime Phone #

CR2E034B (12/02)