

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90021 026 ***550.00

DOCUMENT # P95000028642

1. Entity Name

U.S. PLAQUES, INC.

Principal Place of Business

Mailing Address

8726-SR-54
SUITE B
NEW-PORT RICHEY FL 34653

8726-SR-54
SUITE B
NEW-PORT RICHEY FL 34653

2. Principal Place of Business

3. Mailing Address

10014 GROVE DR

10014 GROVE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey

City & State

Port Richey

Zip

34668

Country

FL

Zip

34668

Country

FL

4. FEI Number

59-3306424

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

BARRETT, SUSAN H
8726 SR 54
SUITE B
NEW PORT RICHEY FL 34653

Name MELVIN R STALEY

Street Address (P.O. Box Number is Not Acceptable)
10014 GROVE DR

City Port Richey FL Zip Code 34668

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME BARRETT, SUSAN H
STREET ADDRESS 8726 SR 54, SUITE B
CITY-ST-ZIP NEW-PORT RICHEY FL

TITLE President ☒ Change ☐ Addition
NAME STALEY, MELVIN R
STREET ADDRESS 10014 GROVE DR.
CITY-ST-ZIP Port Richey FL 34668

TITLE D ☒ Delete
NAME STALEY, MELVIN R
STREET ADDRESS 8726 SR 54, SUITE B
CITY-ST-ZIP NEW-PORT RICHEY FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

MELVIN R STALEY, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVIN R STALEY 727 372 6510

Date

Daytime Phone #

CR2E034 (9/99)