

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2007 08
Secretary of

DOCUMENT # P95000063702

1. Entity Name
USCHIS FAMILY, INC.



Principal Place of Business

2100 S TAMiami TRAIL
#200
SARASOTA FL 34239 US

Mailing Address

46 NO. WASHINGTON BLVD, STE 1
SARASOTA FL 34236



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0604376

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LPS CORPORATE SERVICES, INC.
46 NO. WASHINGTON BLVD, STE 1
SARASOTA, FL 34236

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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

Signature, hand or printed name of registered agent and fee if applicable.

(NOTE: Registered agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	OST
NAME	VERSBACH, URSULA
STREET ADDRESS	2100 S-TAMiami TRAIL #200
CITY- ST- ZIP	SARASOTA, FL 34239
TITLE	P
NAME	VERSBACH, GEREON
STREET ADDRESS	2100 S TAMiami TRAIL #200
CITY- ST- ZIP	SARASOTA, FL 34239
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000766496
06/20/07-00003-016 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Decline Change

paid check 998

6/12/07

\$ 550,-