

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070395

1. Entity Name

U.S. INTERCONN, INC.

Principal Place of Business

673 41 AVE NE
ST. PETERSBURG FL 33703
US

Mailing Address

673 41 AVE NE
ST. PETERSBURG FL 33703-5007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILPOV, FILIP
3160 33ST N APT 4
ST PETERSBURG FL 33713

Name

Filipov, Filip

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

9960 5TH ST. N #302

City

St. Petersburg FL

Zip Code

33702

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

Philip Filipov

Filip Filipov

03-15-2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PVTS
CHICHKOV, VLADIMIZ
634 38TH AVE NE
ST PETERSBURG FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Philip Filipov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-2000

Date

(727) 895 8982

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3367959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required