## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P95000079241** Feb 16, 2000 8:00 am **Secretary of State** U.S.A. STORE SERVICES, INC. 02-16-2000 90065 046 \*\*\*150.00 Principal Place of Business Mailing Address 11708 U.S. HWY. 92 EAST 11708 U.S. HWY. 92 EAST SEFFNER FL 33584-3412 SEFFNER FL 33584 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3338431 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name SWARTZ, RONALD R Street Address (P.O. Box Number is Not Acceptable) 18045 JORENE RD ODESSA FL 33556 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. VΡ Delete Change Addition TITLE TITLE NAME HOLSTROM, THERESA A NAME STREET ADDRESS STREET ADDRESS 11708 U.S. HWY. 92 EAST CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DENTMON, MARK E NAMÉ NAME STREET ADDRESS STREET ADDRESS 11708 U.S. HWY. 92 EAST CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 - Change ☐ Addition TITLE □ Delete - --TITLE HOLSTROM, THERESA A NAME NAME STREET ADDRESS STREET ADDRESS 11708 U.S. HWY. 92 EAST CITY-ST-ZIP CITY-ST-ZIP SEFFNER FL 33584 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DENTMON, MARK E NAME 11708 U.S. HWY. 92 EAST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SEFFNER FL 33584 ☐ Addition ☐ Delete TITLE □ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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

Date

Daytime Phone #