


Amended
**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

08-09-2004 90004 042 *****61.25
 P96000041092

DOCUMENT # P96000041092

1. Entity Name
 USL, INC.



FILED
 04 AUG 16 PM 4:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 54067459

Principal Place of Business Mailing Address
 4500 S VINELAND ROAD 4500 S VINELAND ROAD
 ORLANDO, FL 32811 US ORLANDO, FL 32811 US



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03312004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3392556 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOHN, STEVE P
 4500 S VINELAND RD
 ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

FILE NOW!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="radio"/> <input type="checkbox"/> Delete	TITLE	<input checked="" type="radio"/> Change <input type="checkbox"/> Addition
NAME	KOHN, SHARON R	NAME	<i>Sharon Kohn</i>
STREET ADDRESS	615 LAKEHAVEN CIRCLE	STREET ADDRESS	615 LAKEHAVEN CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	<input checked="" type="radio"/> <input type="checkbox"/> Delete	TITLE	<input checked="" type="radio"/> Change <input checked="" type="radio"/> Addition
NAME	Kohn Steven	NAME	<i>Steven Kohn</i>
STREET ADDRESS	615 LAKEHAVEN CIRCLE	STREET ADDRESS	615 LAKEHAVEN CIRCLE
CITY-ST-ZIP	ORLANDO FL 32828	CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

Please change STR back to Secretary

Sharon Kohn

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Kohn* 3/3/04 407-425-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sharon Kohn 3/3/04