

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90061 010 ***150.00

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DOCUMENT # P96000041092

1. Entity Name
USL, INC.



Principal Place of Business
**4500 S VINELAND ROAD
ORLANDO FL 32811
US**

Mailing Address
**4500 S VINELAND ROAD
ORLANDO FL 32811
US**

30007258



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3392556**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

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

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 _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-----------------------------------|---|-------------------------|---------------------------------|
| D KOHN, SHARON R | 11929 E. COLONIAL DR., SUITE 323 | ORLANDO FL 32826 | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|------------|----------------|-------------|---------------------------------|-----------------------------------|
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03
Date

407-425-3500
Daytime Phone #

CR2E034 (10/02)