

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90004 013 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000088765																																																																																																															
1. Entity Name U.S. INTERNATIONAL, INC.																																																																																																															
Principal Place of Business 3318 NE 14TH ST OCALA FL 34470		Mailing Address 3318 NE 14TH ST OCALA FL 34470																																																																																																													
2. Principal Place of Business Suite, Apt. #, etc. <i>Same</i>		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>																																																																																																													
City & State		City & State																																																																																																													
Zip	Country	Zip	Country																																																																																																												
4. FEI Number 59-3419026		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent ADCOCK, SANDRA L 3318 NE 14TH ST OCALA FL 34470 <i>Same</i>		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.																																																																																																															
SIGNATURE _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
11. OFFICERS AND DIRECTORS VICE PRESIDENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ADCOCK, SANDRA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3316 NE 14TH ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BEARSLEY, JUDY P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4607 NE 8TH PL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA FL 34470</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	ADCOCK, SANDRA L		STREET ADDRESS	3316 NE 14TH ST		CITY-ST-ZIP	OCALA FL 34470		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BEARSLEY, JUDY P		STREET ADDRESS	4607 NE 8TH PL		CITY-ST-ZIP	OCALA FL 34470		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>DONNA Goldstein</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>18060 W. N.W. Hwy. Suite 202</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ANENTURA, FLA. 33180</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DONNA Goldstein	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	18060 W. N.W. Hwy. Suite 202		STREET ADDRESS	ANENTURA, FLA. 33180		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>Sandra Adcock</i>		Date: <i>Jan 2, 1-352-351-4698</i>																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #																																																																																																													

CR2E034 (10/00)