

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90069 049 \*\*\*550.00

**DOCUMENT # P97000027670**

1. Entity Name  
**U.S. SURGE PROTECTION, INC.**

Principal Place of Business

**2880 NW 2ND AVE  
 3 S  
 BOCA RATON FL 33431**

Mailing Address

**P.O. BOX 294411  
 BOCA RATON FL 33429**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3020 SW 14th PL  
 Suite, Apt. #, etc.  
 #3**

3. Mailing Address

**PO BOX 294411  
 Suite, Apt. #, etc.**

City & State

**BOYNTON Bch, FL**

City & State

**BOYNTON Bch, FL**

4. FEI Number

**65-0731711**

Applied For

Not Applicable

Zip

**33426**

Country

**USA**

Zip

**33426**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MATTEODO, PETR A  
 117 NE 9TH AVE  
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name **MATTEODO, PETER A**

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

**8-18-02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

TITLE **P** ☐ Delete  
 NAME **MATTEODO, PETER A**  
 STREET ADDRESS **117 NE 9TH AVE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **V** ☐ Delete  
 NAME **MATTEODO, TROY F**  
 STREET ADDRESS **21499 SW 58TH AVE**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **S** ☒ Delete  
 NAME **VREIG, PETER G**  
 STREET ADDRESS **2800 NE 39TH CT**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33062**

TITLE **I** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **2825 CASITA WAY #201**  
 CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**PETER A MATTEODO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-18-02 861-445-1477**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
# P970002767

To whom it may concern,

This is the first notice I've received.

I am enclosing \$150.00 the regular fee.

SM