

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000047289

1. Entity Name
USINA ENTERPRISES, INC.



Principal Place of Business
2171 A STATE ROAD 16
SAINT AUGUSTINE, FL 32084

Mailing Address
2171 A STATE ROAD 16
SAINT AUGUSTINE, FL 32084



02102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3449700

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

USINA, DAVID
2171 A STATE ROAD 16
SAINT AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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 relistating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME USINA, LOIS MARIE
STREET ADDRESS 2171 A SR 16
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

TITLE VP
NAME USINA, DAVID AMBROSE
STREET ADDRESS 2171 A SR 16
CITY-ST-ZIP SAINT AUGUSTINE, FL 32084

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03/10/05-80026-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

David A. Ambrose

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-05

Date

Daytime Phone #