

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90344 041 ***150.00

DOCUMENT # P97000060883

1. Entity Name
U.S.A. MARKETING ASSOCIATES, INC.



Principal Place of Business
**15 E MELBOURNE AVE
MELBOURNE FL 32901
US**

Mailing Address
**P.O. BOX 33536
INDIALANTIC FL 32903
US**



2. Principal Place of Business
630 S. Wickham Rd

3. Mailing Address
P.O. Box 33536

Suite, Apt. #, etc.
Suites 106, 107

Suite, Apt. #, etc.

City & State
West Melbourne, FL

City & State
Indialantic, FL

4. FEI Number
59-3471786

Applied For
Not Applicable

Zip Country
32904 USA

Zip Country
32903 USA

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

**O'MEARA, MICHAEL
15 E MELBOURNE AVE
MELBOURNE FL 32901**

Name
Michael E. O'meara
Street Address (P.O. Box Number is Not Acceptable)

630 S. Wickham Rd Suites 106, 107
City **West Melbourne** **FL** Zip Code **32904**

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 obligation of registered agent.

SIGNATURE

4/25/04
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS O'MEARA, MICHAEL 510 SEABREEZE DR INDIALANTIC FL 32903 <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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCM O'MEARA, MICHAEL 510 Seabreeze Dr Indialantic FL 32903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DCM O'MEARA, CHIAKI 510 Seabreeze Dr. Indialantic, FL 32903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: **4/25/04** **(321) 674-3866**
DATE Daytime Phone #

CR2E034 (10/02)