

04/23/2001 MON 07:37 FAX

002/003

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Utility Number

USEN R STORE, INC

Principal Place of Business

Mailing Address

APPROVED
AND
FILED

01 OCT 22 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

Apply for

Not Applicable

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)10. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
PRESIDENT	DIANE JORDAN	150 RIO VILLA DR	PUNTA GORDA, FL 33950

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
VIC PRESIDENT	WILLIAM ROGERS	226 ST. JAMES PARK	OSPREY, FLORIDA 34229

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

13. 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 807, 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:

Signature, typed or printed name of signing officer or director

4-20-01

941-575-7423

DIANE JORDAN

To: New Corporation
P.O. 6327

10-22-01

292

Div. of Corporations
P.O. Box 63
Tallahassee FL
32314

To Whom it May Concern:

We did not receive corp papers for 2000 & 2001
U Sells or Store, Inc - 150 Rio Villa Verde
Punta Gorda FL 33950. (Rec # PP1000093392)

We have driven up to get this
straightened out & have our checks

Thanks

Deane Jordan
Pres.