

2001 UNIFORM BUSINESS REPORT (UBR)

1/22/0

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-22-2001 90099 016 ***150.00

DOCUMENT # P98000012508

1. Entity Name
FAMOS U.S.A., INC.

| | |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business 7361 BRIGHTWATERS COURT NEW PORT RICHEY FL 34652 | Mailing Address 7361 BRIGHTWATERS COURT NEW PORT RICHEY FL 34652 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

| | |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

| | | | |
|--------------|--------------|---------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number 59-3491393 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent

~~DRUCILLA E. BELL PA~~
 190 WINDWARD PASSAGE
 CLEARWATER FL 33767-2200

Drucilla E. Bell PA
 710 First Avenue S.W.
 Suite D
 Largo, FLA 33770-3410



DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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 signature required when reinstating) DATE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| P HAUPT, BERTRAM 7361 BRIGHTWATERS COURT <i>BRIGHTWATERS COURT</i> NEW PORT RICHEY FL 34652 | |
| 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 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|------------------------------------------------|-------------------------------------------------------------------|
| 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 |
| 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 |

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: *BERTRAM W. HAUPT* *DW. Haupt* 11-12-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)