

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90057 021 ***150.00

DOCUMENT # P98000023433

1. Entity Name
DRIVE USA, INC.



Principal Place of Business
**32700 US HWY 19 NO.
PALM HARBOR FL 34684**

Mailing Address
**32700 US HWY 19 NO.
PALM HARBOR FL 34684**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3511070**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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

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 **D** ☐ Delete
NAME **PALLOS, STEVE**
STREET ADDRESS **10000 US HWY 98 NO. #972**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **PD** ☐ Delete
NAME **PLANES, WILLIAM II**
STREET ADDRESS **4775 COLLINS AVE #1505**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **CEOD** ☐ Delete
NAME **PLANES, WILLIAM SR**
STREET ADDRESS **854 CYPRESS LAKEVIEW CT**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **SSV** ☐ Delete
NAME **WHITE, LANGFRED W**
STREET ADDRESS **2094 ASHBURY DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **ASTC** ☐ Delete
NAME **NOLL, DEBORAH**
STREET ADDRESS **4168 AMBER LANE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **VP-MIS**
STREET ADDRESS **Sheawn K. Brown**
CITY-ST-ZIP **4735 Mill Run Drive**
New Port Richey, FL 34653-6332

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 like empowered.

SIGNATURE:

Langfred W White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2003 *727 781 9885*

CR2E034 (10/02)