

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90045 023 ***150.00

DOCUMENT # P98000030606

1. Entity Name

USTRIP SYSTEMS, INC.



Principal Place of Business

3515 SE LIONEL TERRACE
STUART FL 34996

Mailing Address

3515 SE LIONEL TERRACE
STUART FL 34996

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

65-0841549

Applied 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

MCGUIRE, JACQUELINE K
3515 S.E. LIONEL TERRACE
STUART FL 34997

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☒ Delete
NAME OWENS, WILLIAM A
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART FL 34996

TITLE DC ☐ Change ☒ Addition
NAME Rushing, JC
STREET ADDRESS 3515 SE. Lionel Terrace
CITY-ST-ZIP Stuart, FL 34996

TITLE DP ☒ Delete
NAME BARATTA, ROBERT O
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART-FL 34996

TITLE DP ☐ Change ☒ Addition
NAME Stephen Johnson
STREET ADDRESS 3515 SE Lionel Terr
CITY-ST-ZIP Stuart, FL 34996

TITLE D ☐ Delete
NAME BARES, JOHN E
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART FL 34996

TITLE D ☐ Change ☒ Addition
NAME R. Gerald Buchanan
STREET ADDRESS 3515 SE Lionel Terr.
CITY-ST-ZIP Stuart, FL 34996

TITLE D ☐ Delete
NAME COUSTEAU, JEAN-MICHEL
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART FL 34996

TITLE D ☐ Change ☒ Addition
NAME Jack Gomersell
STREET ADDRESS 3515 SE Lionel Terr.
CITY-ST-ZIP Stuart, FL 34996

TITLE D ☐ Delete
NAME KULJIAN, GORDON G
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART FL 34996

TITLE D ☐ Change ☒ Addition
NAME George Sterner
STREET ADDRESS 3515 SE Lionel Terr.
CITY-ST-ZIP Stuart, FL 34996

TITLE D ☐ Delete
NAME ODWAZNY, JOHN P
STREET ADDRESS 3515 SE LIONEL TERRACE
CITY-ST-ZIP STUART FL 34996

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-04 772-287-4846