

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062271

1. Entity Name

U S PIONEER, INC.

Principal Place of Business

Mailing Address

230 N.E. WAVECREST COURT
BOCA RATON FL 33432

230 N.E. WAVECREST COURT
BOCA RATON FL 33432-4156

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

65-0852353

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

LENCIONI, MARY F
230 N.E. WAVECREST COURT
BOCA RATON FL 33432

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

MARY LENCIONI *Mary Lencioni*

Signature: typed or printed name of registered agent and office if applicable

(NOTE: Registered Agent's signature required when changing agent)

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 \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Delete
NAME	LENCIONI, MARY	
STREET ADDRESS	230 WAVECREST CT	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: MARY LENCIONI *Mary Lencioni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.17.00 561-368-5903

DATE

TELEPHONE #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90134 005 ***150.00



DO NOT WRITE IN THIS SPACE