

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 011 ***150.00

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DOCUMENT # P98000063231

1. Entity Name
U.S. CONFORMANCE, INC.



Principal Place of Business
**1092 JUPITER PARK LANE, SUITE 130
JUPITER FL 33458**

Mailing Address
**1092 JUPITER PARK LANE, SUITE 130
JUPITER FL 33458**

2. Principal Place of Business
**1001 Jupiter Park Dr.
Suite, Apt. #, etc.
Suite 127**

3. Mailing Address
**P.O. Box 8441
Suite, Apt. #, etc.
Jupiter, FL 33468**



☐ CHECK HERE IF MAKING CHANGES

City & State
Jupiter, FL 33458

City & State
Jupiter, FL 33468

4. FEI Number **65-0857276**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASTELHANO, DAVID
1092 JUPITER PARK LANE, SUITE 130
JUPITER FL 33458**

7. Name and Address of New Registered Agent

Name
Keith W. Meisel, P.A.
Street Address (P.O. Box Number is Not Acceptable)
**712 U.S. Highway one
Suite 230**
City
North Palm Beach **FL** Zip Code
33408

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

4/29/03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTELHANO, DAVID 1092 JUPITER PARK LANE, SUITE 130 JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTELHANO, DAVID 1092 JUPITER PARK LANE #130 JUPITER FL 33458	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DAVID M. CASTELKANO** **4/24/03** **561-747-0750**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)