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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P98000069637

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90085 014 ***150.00

i. Corporation	Name	009001								
US CLOS	SING, INC.									
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Principal Place	e of Business	Mailing Address				1 114411144111	. 18181 (811) 68111 6	6)14 E2141 BE116		18 (1(11 1881 1881
1029 DELACRO	IX CIR.	1029 DELACROIX CIR.								
NOKOMIS FL 34275 NOKOMIS FL 34275						DO NOT WRITE IN THIS SPACE				
	-					3. Date Incorpora			SPACE	
						08/05/1998				
2 Dringing D	lace of Business	2a. Mailing Address				4. FEI Number			I A	pplied For
— ·	ace of business	26 PO BOX 14	160			65-08	53810			ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.								Additional
22	.,	27				5. Certifcate of S	atus Desired		Fee R	equired
City & State	e	City & State				6. Election Camp	aign Financing		\$5.00	May Be
23		28 NOKOMIS Y	L			Trust Fund Co	ntribution		Added	to Fees
Zip	Country	Zip	Country	,		8. This corporation	n owes the cu	rent year In		
24	25	29 34274-1460 31	<u> </u>			Personal Prop			☐ Yes	≥ (No
	9. Name and Address of Current	Registered Agent		1		10. Name and Ad	dress of New	Registered	Agent	
1 410	DENOLACED TOUN D		81	Name						.
	DENSLAGER, JOHN P DELACROIX CIR.		82	Street	Addres	ss (P.O. Box Numbe	r is Not Accep	able)		
NON	OMIS FL 34275		83	[Į
			84	City					85 Zip	Code
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11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	t and 607.1508, Florida Statutes, of Florida, Such change was auth	, the above norized by	e-named the corp	corpor	ration submits this s n's board of directors	atement for the	e purpose of opt the appo	r cnanging it intment as r	s registered egistered
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agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE: Re	a Statutes	i.		when reinstating)		DATE		
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6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

941-484-3031