

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000002872

1. Entity Name
 USFL, INC.

Principal Place of Business
 1370 WINDY RIDGE COURT
 LONGWOOD FL 32750

Mailing Address
 PO BOX 150303
 ALTAMONTE SPRINGS FL 327150303

2. Principal Place of Business
 540 N. HWY 434

3. Mailing Address
 PO BOX 150303

Suite, Apt. #, etc.
 SUITE 114

Suite, Apt. #, etc.

City & State
 ALTAMONTE SPRINGS FL

City & State
 ALTAMONTE SPRINGS FL

Zip Country
 32714 US

Zip Country
 327150303 US

4. FEI Number
59-3555622

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 323012525 US

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 _____ DATE **04/24/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
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	D	<input type="checkbox"/> Delete
NAME	BARTON WILLIAM	
STREET ADDRESS	1370 WINDY RIDGE COURT	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURLEIGH JOHN C	
STREET ADDRESS	171 HILL STREET	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON WILLIAM	
STREET ADDRESS	308 FEATHERSTON RD.	
CITY-ST-ZIP	ROME GA 30165	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: John C. Burleigh **D** 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)