

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004589

1. Entity Name  
SUITE USA, INC.

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90062 045 \*\*\*150.00

0040115

Principal Place of Business  
4422 S.W. 85TH WAY  
GAINESVILLE FL 32608

Mailing Address  
4422 S.W. 85TH WAY  
GAINESVILLE FL 32608

800256



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
4900 SW 91st Terr  
Suite, Apt. #, etc.

3. Mailing Address  
4900 SW 91st Terr  
Suite, Apt. #, etc.

City & State  
Gainesville, FL  
Zip  
32608  
Country  
Alachua

City & State  
Gainesville, FL  
Zip  
32608  
Country  
Alachua

4. FEI Number 59-3553035  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RUBEIS, RENO  
4422 S.W. 85TH WAY  
GAINESVILLE FL 32608

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	RUBEIS, RENO	
STREET ADDRESS	<del>4422 SW 85TH WAY</del>	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DYKES, JOSIE	
STREET ADDRESS	<del>4422 SW 85TH WAY</del>	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RUBEIS, ELIZABETH	
STREET ADDRESS	<del>4422 SW 85TH WAY</del>	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, DAVID H	
STREET ADDRESS	<del>4422 SW 85TH WAY</del>	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORT, CLAUDIA A	
STREET ADDRESS	<del>4422 SW 85TH WAY</del>	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4900 SW 91st Terr	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4900 SW 91st Ter	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4900 SW 91st Ter	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4900 SW 91st Ter	
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: Reno Rubeis / RENO RUBEIS - PRESIDENT 1/10/01 352/264-1500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)