

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90037 035 ***150.00

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02222005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000004589 1. Entity Name SUITE USA, INC.					
Principal Place of Business 4900 SW 91ST TERRACE GAINESVILLE, FL 32608			Mailing Address 4900 SW 91ST TERRACE GAINESVILLE, FL 32608		
2. Principal Place of Business 4941 SW 91st Terr Suite, Apt. #, etc. N-101		3. Mailing Address 4941 SW 91st Terr Suite, Apt. #, etc. N-101		4. FEI Number 59-3553035 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32608		Country Alachua			
6. Name and Address of Current Registered Agent RUBEIS, REND 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUBEIS, RENO STREET ADDRESS 4422 SW 85TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DYKES, JOSIE STREET ADDRESS 4422 SW 85TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE Director NAME Jason Fort STREET ADDRESS 4422 SW 85th way CITY-ST-ZIP Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME RUBEIS, ELIZABETH STREET ADDRESS 4422 SW 85TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE D NAME mariah mouro STREET ADDRESS 4422 SW 85th way CITY-ST-ZIP Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FORT, DAVID H STREET ADDRESS 4422 SW 85TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FORT, CLAUDIA A STREET ADDRESS 4422 SW 85TH WAY CITY-ST-ZIP GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete		TITLE D NAME Job E White STREET ADDRESS 4422 SW 85th way CITY-ST-ZIP Gainesville, FL 32608	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					