## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)							FILED 15, 2002, 8:00 am					
DOCUMENT # P9900012661  1. Entity Name PVE-USA, INC.							Jan 15, 2002 8:00 am Secretary of State 01-15-2002 90027 002 ***158.75					
601 BRYAN S JACKSONVILL US	E FL 32202		Mailing Address 601 BRYAN ST JACKSONVILLE FL 32202 US									
2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.					<del></del>			DO NOT WRITE IN THIS SPACE				
City & Stat	City & State	State				4. FEI Number 59-3558958 Applied For Not Applicable						
Zip	Zip Country		Zip Co		puntry		5. Cert	ificate of Status Desired		.75 Add	litional	
	6. Name and Addi	ess of Current Re	gistered Agent				7. Nam	e and Address of New Regis				
GOECKEL, STANLEY B 3439 DOCKSIDER DR., S. JACKSONVILLE FL 32257					Name Street Address (P.O. Box Number is Not Acceptable)							
JACKSUNVILLE PL 32231					City				FL	Zip Code	e	
Tax filing	Signature, typed or printed name pration is eligible to sati requirement and elects ria on back)	sfy its Intangible	FILE NOW! After May 1, 200 Make Check Payab	!! FEE 02 Fee	will be \$5	00 50. <b>00</b>	1	(0. Election Campaign Financin Trust Fund Contribution.	DATE		<b>0</b> May Be to Fees	
11.		OFFICERS AND DI	RECTORS	12.			ADDIT	IONS/CHANGES TO OFFICER	S AND DI	RECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES VAN, PAUL LELYSTRAAT 49, 3 THE NETHERLAND		□ Delete			P Van E Lelyst The N	raat 4	9, AH Sliedrecht	×	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES VAN, JON LELYSTRAAT 49, 3 THE NETHERLAND		☐ Delete			Lelys		19, 3364 AH Sliedrecht	, X	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Delete TITI BOMER, JOOSI A NAI LELYSTRAAT 49, 3364 AH SLIEDRECHT					The Netherlands  VP  Borner, Joost  Lelystraat 49, 3364 AH Sliedrecht  The Netherlands						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHLEBAUM, TIM 601 BRYAN ST. JACKSONVILLE FL		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i de		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information on this report or supple poration or the receiver or on an attachment w	on supplied with the emental report is tr or trustee empowe ith an address, with	s filing does not qualify for the and accurate and that need to execute this report all other like employered.	the exer ny signat as requir	nption stat ure shall hated by Cha	ed in Sect ave the sa pter 607, f	ion 119 me lega Florida S	07(3)(i), Florida Statutes. I furth al effect as if made under oath; Statutes; and that my name app	ner certify that I am a bears in Bl	hat the in in officer ock 11 or	nformation or director Block 12 if	

MAME OF SIGNING OFFICER OR DIRECTOR