

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90518 016 ***150.00

DOCUMENT # P99000051372

1. Entity Name
U.S. COMMODITIES GROUP, INC.



Principal Place of Business
**11300 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH FL 33408**

Mailing Address
**11300 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH FL 33408**



2. Principal Place of Business

800 Village Square

3. Mailing Address

800 Village Square

Suite, Apt. #, etc.
Crossing Suite #206

Suite, Apt. #, etc.
Crossing Suite #206

City & State
Palm Beach Gardens, Fla

City & State
Palm Beach Gardens, Fla

Zip
33410

Country
USA

Zip
33410

Country
USA

4. FEI Number
65-0926486

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAWHORR, JEFFREY D
11300 U.S. HWY. ONE, STE. 400
NORTH PALM BEACH FL 33408**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/3

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAWHORR, JEFFREY**
STREET ADDRESS **11300 U.S. HWY. ONE, STE. 400**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JEFFREY D. Mawhorr** ☐ Change ☐ Addition
NAME
STREET ADDRESS **800 Village Square Crossing**
CITY-ST-ZIP **236, Fla 33410 Suite #206**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/3

CR2E034 (10/02)