

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056257

1. Entity Name
USA WORLD & ASSOCIATES, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90191 031 ***150.00

Principal Place of Business
5510 S.W. 11TH AVE.
CAPE CORAL FL 33914

Mailing Address
5510 S.W. 11TH AVE.
CAPE CORAL FL 33914

2. Principal Place of Business
5510 SW 11th AVE.
Suite, Apt. #, etc.

3. Mailing Address
5510 SW 11th AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CAPE CORAL FL
Zip 33914
Country LEE

City & State
CAPE CORAL FL
Zip 33914
Country LEE

4. FEI Number 65-0930296

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SYKORA, VLADIMIR A
5510 S.W. 11TH AVE.
CAPE CORAL FL 33914

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D
NAME SYKORA, VLADIMIR A
STREET ADDRESS 5510 S.W. 11TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE D
NAME SYKORA, IVETA A
STREET ADDRESS 5510 S.W. 11TH AVE.
CITY-ST-ZIP CAPE CORAL FL 33914 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VLADIMIR SYKORA
PRESIDENT

3-23-01

944-945-4770

Date

Daytime Phone #

CR2E034 (10/00)