

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089565

1. Entity Name

U.S. CITY NETWORK, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90062 005 ***150.00

Principal Place of Business

Mailing Address

~~400 PATRICIA DR.~~
~~NEW SMYRNA BEACH FL 32168~~

~~400 PATRICIA DR.~~
~~NEW SMYRNA BEACH FL 32168-0243~~

2. Principal Place of Business

1030 W. INT. SPDWY BLVD

Suite, Apt. #, etc.

SUITE 230

3. Mailing Address

1030 W. INT. SPDWY BLVD

Suite, Apt. #, etc.

SUITE 230

City & State

DAYTONA BCH FL

City & State

DAYTONA BCH FL

Zip

32114

Country

USA

Zip

32114

Country

USA

4. FEI Number

59-3606842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CRAWFORD, MARY M.~~
~~400 PATRICIA DR.~~
~~NEW SMYRNA BEACH FL 32168~~

Name

G.W. S. SIMPSON, III

Street Address (P.O. Box Number is Not Acceptable)

431 CANAL ST.

City

NEW SMYRNA BCH

FL

Zip Code

32168

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D, P
 FARRELL, JOHN
 580 WILLIAMS RD
 NEW SMYRNA BCH FL 32168

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D, V
 CRAWFORD, WARREN
 400 PATRICIA DRIVE
 NEW SMYRNA BCH FL 32168

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S, T
 CRAWFORD, MARY M.
 400 PATRICIA DRIVE
 NEW SMYRNA BCH FL 32168

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARY M. CRAWFORD 3-24-00 904-427-6626

CR25034 (9/99)