

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90089 002 ***150.00

DOCUMENT # P99000089565

1. Entity Name
U.S. CITY NETWORK, INC.

Principal Place of Business

Mailing Address

~~1030 W INT SPOWY BLVD~~
~~STE 230~~
~~DAYTONA BEACH FL 32114~~
~~US~~

~~1030 W INT SPOWY BLVD~~
~~STE 230~~
~~DAYTONA BEACH FL 32114~~
~~US~~

2. Principal Place of Business

P.O. Box 1192

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1192

Suite, Apt. #, etc.

City & State

New Smyrna Bch FL

City & State

New Smyrna Bch FL

Zip

32170-1192

Country

USA

Zip

32170-1192

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

SIMPSON, G W III
431 CANAL ST
NEW SMYRNA BEACH FL 32168

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

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, 2001 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 ~~PD~~ ☒ Delete
 NAME ~~FARRELL, JOHN~~
 STREET ADDRESS ~~500 WILLIAMS RD~~
 CITY-ST-ZIP ~~NEW SMYRNA BEACH FL 32168~~

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **CRAWFORD, WARREN**
 CITY-ST-ZIP **400 PATRICIA DR**
NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **CRAWFORD, MARY M**
 CITY-ST-ZIP **400 PATRICIA DR**
NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
 NAME ~~VD~~
 STREET ADDRESS **RUBY, EDWARD G.**
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **VD**
 STREET ADDRESS **RUBY, EDWARD G.**
 CITY-ST-ZIP **425 S. ATLANTIC AVE**
NEW SMYRNA BCH, FL 32169

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: **Mary M. Crawford** **MARY M. CRAWFORD** **040401** **386-427-6626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)