

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098211

1. Entity Name
 USA POLYMERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 901 Chestnut Street Suite, Apt. #, etc. Suite A City & State Clearwater, Florida Zip 33756 Country US		3. Mailing Address 901 Chestnut Street Suite, Apt. #, etc. Suite A City & State Clearwater, Florida Zip 33756 Country US	
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4. FEI Number 22-2131842	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name Couture, Gerald	
Street Address (P.O. Box Number is Not Acceptable) 901 Chestnut Street	
Suite A	
City Clearwater,	State FL
Zip Code 33756	

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:  Gerald Couture
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/26/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Brennin, Kevin 901 Chestnut Street, Suite A Clearwater, Florida 33756	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Kevin Brennin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/15/02
 Daytime Phone #