

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 20, 2002 8:00 am**  
**Secretary of State**

08-20-2002 90131 012 \*\*\*550.00

**DOCUMENT # P99000109371**

1. Entity Name  
**U.S. 27 SEBRING, FLORIDA, INC.**

Principal Place of Business 6096 N.W. 24TH ST. BOCA RATON FL 33434	Mailing Address 9495 TRANSIT ROAD BOWMANVILLE NY 14026
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0969550**      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

**CORPORATION SERVICE COMPANY**  
**1201 HAYES STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D CIPPELLA, JOSEPH	6495 TRANSIT RD	BOWMANVILLE NY 14026		CIPOLLA,		
	D CIPPELLA, PASQUALE	6495 TRANSIT RD	BOWMANVILLE NY 14026		CIPOLLA		
	D CIPPELLA, PENNY	6495 TRANSIT RD	BOWMANVILLE NY 14026		CIPOLLA		
	T CIPPELLA, JOHN	6495 TRANSIT RD	BOWMANVILLE NY 14026		CIPOLLA		
	AS RIPPER, MARY	6495 TRANSIT RD	BOWMANVILLE NY 14026				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED      Date: 7/8/02      Daytime Phone #: (716) 684-9000

CR2E034 (4/02)