

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91016 006 \*\*\*150.00

**DOCUMENT # S94122**

1. Entity Name  
U.S. LIFT ORLANDO, INC.



Principal Place of Business

1130 S RIO GRANDE  
ORLANDO, FL 32805 US

Mailing Address

1130 S RIO GRANDE  
ORLANDO, FL 32805 US

04001445



**DO NOT WRITE IN THIS SPACE**

04122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0311617

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RHOADS, PAUL A  
1130 S. RIO GRANDE AVE  
ORLANDO, FL 32805

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHOADS, PAUL A
STREET ADDRESS	1130 S. RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	S
NAME	RHOADS, KATHY J
STREET ADDRESS	1130 S. RIO GRANDE AVE
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	VP
NAME	Don Begett
STREET ADDRESS	1130 S. Rio Grande Ave.
CITY-ST-ZIP	Orlando, FL 32805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04

54-792-2337