

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Z00609**

1. Entity Name
US, LIMITED COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 16 PM 12:47

Principal Place of Business
**2170 SUNNYDALE BLVD.
SUITE W
CLEARWATER FL 34625**

Mailing Address
**2170 SUNNYDALE BLVD.
SUITE W
CLEARWATER FL 33765-1212**



2. Principal Place of Business
2170 SUNNYDALE BLVD

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.
SUITE W

City & State
CLEARWATER, FLORIDA

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3131078** Applied For Not Applicable

Zip **33765** Country **PINELLAS**

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SUNUS CORPORATION
2170 SUNNYDALE BLVD.
SUITE W
CLEARWATER FL 33765**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE	<input type="checkbox"/> Delete
M SUNUS CORPORATION 2170 SUNNYDALE BLVD., #W CLEARWATER FL	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<i>mj 2/24/00</i>	<input type="checkbox"/>
800003148318--5	<input type="checkbox"/>
-02/25/00--01100--003	<input type="checkbox"/>
*****50.00	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Ronald P. Nisk** (RONALD P. NISK) **2-10-00 (727) 447-7500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

1000000

CR2E083 (9/99)