

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90138 017 \*\*\*150.00

0037447 AV

**DOCUMENT # P97000035717**

1. Entity Name  
**SYSTEMS EXPRESS, INC.**

Principal Place of Business  
**8548 WALDEN GLEN DRIVE**  
**JACKSONVILLE FL 32256**  
**US**

Mailing Address  
**8548 WALDEN GLEN DRIVE**  
**SUITE D**  
**JACKSONVILLE FL 32256**  
**US**



2. Principal Place of Business  
**8548 WALDEN GLEN DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8548 WALDEN GLEN DR**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**JACKSONVILLE FL**

City & State  
**JACKSONVILLE FL**

4. FEI Number  
**65-0749632**

Applied For  
 Not Applicable

Zip Country  
**32256 DUAL**

Zip Country  
**32256 DUAL**

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

**6. Name and Address of Current Registered Agent**

**SHIM, SUSAN K**  
**18611 SW 61 ST CT**  
**FT LAUDERDALE FL 33332**

**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 **SUSAN K SHIM** DATE **1/15/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHIM, SUSAN K 18611 SW 61ST CT FT LAUDERDALE FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SHIM, SUSAN <del>8548 WALDEN GLEN DR</del> JACKSONVILLE FL 33256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 equipment.

SIGNATURE: **SUSAN K SHIM**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/02** Daytime Phone # **904-579-7951**

CR2E034 (9/01)