

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91834 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000014373

1. Entity Name
MDB EXPRESS TRANSPORT, INC.



Principal Place of Business
 44141 EAST LAKE DR.
 DELAND, FL 32720

Mailing Address
 44141 EAST LAKE DR.
 DELAND, FL 32720

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
59-3020639

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BURGESS SR, MICHAEL
 44141 EAST LAKE DR.
 DELAND, FL 32720

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person or firm named as registered agent and filer (if filer is not agent)

NOTE: Registered Agent Signature Required when Registering

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

10A. NAME ☐ Delete
BURGESS, MICHAEL SR.
 STREET ADDRESS **44141 EAST LAKE DR.**
 CITY-STATE-ZIP **DELAND, FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11A. NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 affidavit with similar language.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Physical Filing

80113353

CHAPTER 607 (7-0002)