

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 386939

1. Entity Name

EXPEDIENT SERVICES, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90108 019 ***150.00

Principal Place of Business

Mailing Address

2459 CHENEY HWY
TITUSVILLE FL 32780
US

P.O. BOX 5400
TITUSVILLE FL 32783-5400

910882



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 56-1018404

Applied For

Not Applied For

Zip

Country

Zip

Country

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

HUGHES, SHERRY A.
4835 SANTA ROSA AVE
TITUSVILLE FL 32780

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

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

(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 \$150.00
After MAY 1, 2000 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 D ☐ Delete
NAME HUGHES, HORACE
STREET ADDRESS 4835 SANTA ROSA AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE P ☒ Change ☐ Addition
NAME Hughes, Horace
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME HUGHES, SHERRY
STREET ADDRESS 4835 SANTA ROSA AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE VD ☒ Change ☐ Addition
NAME Hughes, Sherry
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HUGHES, SANDRA
STREET ADDRESS 1237 EAST LIVINGSTON
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HUGHES, CARL
STREET ADDRESS 5460 SANDRA DR
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HUGHES, GERALD
STREET ADDRESS 4373 LONGBOW DR.
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HUGHES, JANICE
STREET ADDRESS 5460 SANDRA DR
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

Janice Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 (321) 267-3450
Date Daytime Phone #