2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 386939 Amended

1. Entity Name

EXPEDIENT SERVICES, INC

FILED
01 OCT -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
605 PALM AVE TITUSVILLE, FL 32796	PO BOX 5400 TITUSVILLE, FL 32783-5400

000004641790--3
-10/18/01--01055--008
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

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 56-1018404 ☐ Applied For ☐ Not Applicable

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, JANICE 5460 SANDRA DR TITUSVILLE, FL	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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: (See criteria on back) ☐

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	D HUGHES, HORACE 4835 SANTA ROSA AVE TITUSVILLE, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, HORACE 4835 SANTA ROSA AVE TITUSVILLE, FL ☒ Change ☐ Addition delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUGHES, CARL R. 5460 SANDRA DR. TITUSVILLE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUGHES, GERALD 4373 LONGBOW DR. TITUSVILLE, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUGHES, GERALD 4373 LONGBOW DR. TITUSVILLE, FL ☒ Change ☐ Addition delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STV HUGHES, JANICE 5460 SANDRA DR TITUSVILLE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, DENISE 4373 LONGBOW DR. TITUSVILLE, FL ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUGHES, DENISE 4373 LONGBOW DR. TITUSVILLE, FL ☒ Change ☐ Addition delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 empowered.

SIGNATURE: Janice R Hughes JANICE R. HUGHES, STV 10/5/01 321-269-5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #