

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90089 038 ***150.00

CR2E034 (9/01)

DOCUMENT # F00000005125

1. Entity Name

EXPRESS MARKING, INC.

Principal Place of Business

764 W. ALGONQUIN
ARLINGTON HEIGHTS IL 60005

Mailing Address

764 W. ALGONQUIN
ARLINGTON HEIGHTS IL 60005

2. Principal Place of Business

7381 114TH AVE. N

Suite, Apt. #, etc.

SUITE 401A

City & State

LARGO, FL

Zip

33773

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-1776071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOWERS, DAVE

7381 114TH AVE, NORTH, STE 401A

LARGO FL 33773

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

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
HACHMANN, WILLIAM
764 W. ALGONQUIN
ARLINGTON HEIGHTS IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HACHMANN, JEAN
764 W. ALGONQUIN
ARLINGTON HEIGHTS IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
FLOWERS, DAVID
7381 114TH AVE NORTH, STE 401A
LARGO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ 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 life empowered.

SIGNATURE:

William Hachmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

WILLIAM HACHMANN

3-6-02

Date

847-956-6990

Daytime Phone #