

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-09-2002 91180 032 ***150.00

DOCUMENT # F01000000986

1. Entity Name

EXPRESS SYSTEMS & PARTS NETWORK, INC.

Principal Place of Business

11415 CHAMBERLAIN RD.
 AURORA OH 44202

Mailing Address

2440 SE FEDERAL HWY STE V
 STUART FL 34994

2. Principal Place of Business

3. Mailing Address

5051 SE Great Pocket TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

STUART FL

4. FEI Number

31-1503657

Applied For

Not Applicable

Zip

Country

Zip

Country

34997

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

5051 SE Great Pocket TR

City

Stuart

FL

Zip Code

34997

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

Katherine Delarosa

3-28-02

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 **PD** ☐ Delete
 NAME **DELAROSA, KATHERINE**
 STREET ADDRESS **2440 SE FEDERAL HWY STE V**
 CITY-ST-ZIP **STUART FL**

TITLE **VD** ☐ Delete
 NAME **ABDECAAL, AKRAM**
 STREET ADDRESS **333 DANBURY LANE**
 CITY-ST-ZIP **RICHMOND HTS OH**

TITLE **SD** ☐ Delete
 NAME **CECIL, JAMES G**
 STREET ADDRESS **3680 WINCHELL RD.**
 CITY-ST-ZIP **MANTUA OH**

TITLE **CO** ☐ Delete
 NAME **SHORR, ALAN**
 STREET ADDRESS **215 W GARFIELD RD, STE 230**
 CITY-ST-ZIP **AURORA OH**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **5051 SE Great Pocket TR**
 STREET ADDRESS **STUART FL 34997**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **ABDECAAL, AKRAM**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Katherine Delarosa

3/28/02 772 223-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)