

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000506**

1. Entity Name

EXPRESS CONSTRUCTION, INC.**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90172 030 ***158.75

Principal Place of Business

Mailing Address

7141 DEXTER RD.
DOWNERS GROVE IL 605157141 DEXTER RD.
DOWNERS GROVE IL 60516-3710

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

36-3420941

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, BILL
6700 CORSICA COURT
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name

BILL GIBSON

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

4421 TODD AVENUE

City

ORLANDO**FL**

Zip Code

32822

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 State10. Election Campaign Financing
Trust Fund Contribution.**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LASTOVKA, RICHARD	
STREET ADDRESS	7141 DEXTER RD.	
CITY-ST-ZIP	DOWNERS GROVE IL 60516	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LASTOVKA, BETTY	
STREET ADDRESS	7141 DEXTER RD.	
CITY-ST-ZIP	DOWNERS GROVE IL 60516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD LASTOVKA

Date

1/11/00

Daytime Phone #

630-960-1800

CR2E034 (9/99)