## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F98000005490 ST. GEORGE EXPRESS OF FLORIDA, INC.

## FILED Jan 24, 2001 8:00 am Secretary of State 01-24-2001 90001 007 \*\*\*150.00

EDIEY FL 30178  MEDIEY FL 30178  ADDITIONS ADDITIONS Suite. Appl. #, etc.  Suite. Appl. #, etc.  Suite. Appl. #, etc.  Suite. Appl. #, etc.  City & State  City & FL  City & FL  City & City & City  City & FL  City & City & City & City  City & FL  City & City & City & City  City & City & City & City & City  City & City & City & City & City & City  City & City	Principal Place			Mailing Address	_								
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City & State  City & State  City & State  Country  Country  Country  A. FEI Number 65-0865463  Applied For Next Applicable Next Applicable Next Applicable Next Applicable Next Applicable To Prepayation  For Prepayation  For Prepayation  Additional of Status Desired  State Additional Additional of Status Desired  State Additional Additional of Status Desired  State Additional Additional of Status Desired  Name  LUCAS, DEBORAH 4440 N.W. 107TH AVE \$201  MIAMI FL 33178  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  After MAY 1, 2001 Fee will be \$550.00  After MAY 1,	2. Principal Pl	ace of Busin	ess	3. Mailing Address									
Country   Zep   Country   S. Certificate of Status Desired   \$8.75 Additional by Page 12   \$8.	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
Country   Zip   Country   St. Certificate of Status Desired   S\$2.75 Additional   Peer Impropried	City & State			City & State			<b>4.</b> F	4. FEI Number 65-0865463				<u> </u>	
LUCAS, DEBORAH 4840 N.W. 107TH AVE #2201 MIAMI FL 33178  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  Signatura, lyade or primar aware area agent and life it purpose.  9. This corporation is eligible to satisfy its Intangulae Task flag requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WARE TORNEL AND CONOUGH GA  TITLE TORNEL JORGE L STREET AUGUSSS CITY-51-2P  TITLE  TORNAL CA  Delete  TITLE  TORNAL CA  DELETANOPSS CITY-51-2P  TITLE  MANE STREET AUGUSSS CITY-51-2P  TITLE  M	Zip Country			Zip Cou		try	5. (						
LUCAS, DEBORAH 4840 N.W. 107TH AVE #2201 MIAMI FL 33178  City  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida  Signatura, lyade or primar aware area agent and life it purpose.  9. This corporation is eligible to satisfy its Intangulae Task flag requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  WARE TORNEL AND CONOUGH GA  TITLE TORNEL JORGE L STREET AUGUSSS CITY-51-2P  TITLE  TORNAL CA  Delete  TITLE  TORNAL CA  DELETANOPSS CITY-51-2P  TITLE  MANE STREET AUGUSSS CITY-51-2P  TITLE  M		6. Name	and Address of Current R	egistered Agent	d Agent			7. Name and Address of New Registered Agent					
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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  9. This corporation is eligible to satisfy its Intergible Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00   After MAY 2, 20						Street Address (P.O. Box Number is Not Acceptable)							
6. 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    Signatura, special prince name of registered agent and title 1 apoliciosis. (NOTE Registered Agent exposure required when recitation)   SIGNATURE   Signatura, special prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent and bled to a positive prince name of registered agent. Addition of the prince name and elects to do so that prince name agent and the state of Florida.    SIGNATURE   Signatura, special prince name of registered agent and the prince name agent and the positive prince name agent and the positi	MIAM	II FL 33178				City			EI	Zip Cod	e		
SIGNATURE  Synative, typed or printed name of regressed agent and title It application. (NOTE: Reproture Agent signature inculted when remotions)  P. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  V DILLARD, WILLIAM A  SIREET ADDRESS  CITY-S1-72P  MC DONOUGH GA  TITLE  TRUE  TITLE  TORY ST-72P  CROMA CA  TITLE  P OFTIUNATO, ANTHONY M  SIREET ADDRESS  CITY-S1-72P  CORONA CA  TITLE  P OFTIUNATO, ANTHONY M  SIREET ADDRESS  CITY-S1-72P  MAKE  SIREET ADDRESS  CITY-S1-72P  TITLE  MAKE  SIREET ADDRESS  CITY-S1-72P  TI			-4									ļ	
Tax filing requirement and elects to do so. (See criteria on back)	SIGNATURE _	Signature, typed	or printed name of registered agent ar	d title if applicable. (NO	TE: Registere	d Agent signature	required when re	einstating)	DATE			1	
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		entify that the	e information supplied with	this filing does not qualify for			d in Section	119.07(3)(j) Florida Statutes	further cert	ify that the i	nformation	1	

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 OFF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR