2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3800 HIGHWAY 542 E.

WINTER HAVEN FL 33884

G71280 **DOCUMENT#**

1. Entity Name

Principal Place of Business

WINTER HAVEN FL 33884

3800 DUNDEE ROAD

FLORIDA EASTERN EXPRESS, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90088 035 ***150.00

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2. Principal P	lace of Business	3. Mailing Address				r Innellie Rate Innone ligid eindr enzil antil	ejilij bilili	41811 BIBIL B I) 4 () 9 () () ()	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4 . F	E! Number 59-2368038		-	pplied For ot Applicable	
Zip	Country	Country Zip Cou		ry	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
100 m 1 m 00				Name						
LOVE, VIRGIL				Street Address (P.O. Box Number is Not Acceptable)						
4050 HIGHWAY 542 EAST										
WINTER H	IAVEN FL 33884									
				City			FL	Zip Cod	е	
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. I am familiar with, and accept										
the obligat	ions of registered agent.									
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financir Trust Fund Contribution.	ng 🗆		0 May Be I to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND D	IRECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Livingston, D.L. 423 Lake Ned Rd. Winter Haven Fl 33884	☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Love, Virgil 425 Lake Ned RD Winter Haven Fl	□ Delete					[] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· The second section of the second section is a second section of the second section s	Delete					~	☐ Change	☐ Addition	
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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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #