

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90018 032 \*\*\*\*50.00

DOCUMENT # L00000013387

1. Entity Name

NORTHERN EXPRESS, L.L.C.



Principal Place of Business

1896 CLUBHOUSE DR.  
DAYTONA BEACH FL 32128

Mailing Address

1896 CLUBHOUSE DR.  
DAYTONA BEACH FL 32128

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ORANGE, FL

PORT ORANGE, FL

Zip

Country

Zip

Country

4. FEI Number 59-3681155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORCH, GLENN D ESQ.  
STORCH, HANSEN & MORRIS, P.A.  
420 SOUTH NOVA RD.  
DAYTONA BEACH FL 32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PATIERNO, RICHARD A ☐ Delete  
STREET ADDRESS 1896 CLUBHOUSE DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP PORT ORANGE, FL

TITLE MGR  
NAME PATIERNO, MARILYN ☐ Delete  
STREET ADDRESS 1896 CLUBHOUSE DR.  
CITY-ST-ZIP DAYTONA BEACH FL 32128

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP PORT ORANGE, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E063 (10/02)