

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91159 039 ****50.00

DOCUMENT # L01000021916

1. Entity Name



EXPRESS TRACK DATA, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

400 STURDIVANT AV

PO Box 331316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

464

City & State
ATLANTIC BEACH FL

City & State
ATLANTIC BEACH FL

Zip
32233

Country
USUAL

Zip
32233

Country
USUAL

DO NOT WRITE IN THIS SPACE

56-2347508

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MICHAELA KOLSON

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

6960 BENNEVAL RD Suite 202

City

JACKSONVILLE FL

FL

Zip Code

32210

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER STEPHEN D. MESMER 460 STURDIVANT AV 5464 ATLANTIC BEACH FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER CHAS NORRIS 13991 SADDLEBELL ST JACKSONVILLE FL 32224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER FRED PARLEY 326 8TH ST ATLANTIC BEACH FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEMBER MICK KINSEY 82 TALLWOOD RD JACKSONVILLE BEACH FL 32250
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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

5-1-03

860-7728450

CR2E083B (12/02)