

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90020 040 ****50.00

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DOCUMENT # L94000000281

1. Entity Name

ESCAZU EXPRESS, L.C.



Principal Place of Business

2420 W BRANDON BLVD., #195
BRANDON FL 33511

Mailing Address

2420 W BRANDON BLVD., #195
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3281050**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, HAROLD O
400 S. TAMiami TRAIL
250
VENICE FL 34285

7. Name and Address of New Registered Agent

Name **MARY L. GREENWOOD**
Street Address (P.O. Box Number is Not Acceptable)
619 E. Lumsden Rd.
City **Brandon** FL Zip Code **33511**

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THERYOUNG, GORDON	
STREET ADDRESS	615 ROYAL CREST DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THERYOUNG, TERRI	
STREET ADDRESS	2420 W BRANDON BLVD., #195	
CITY-ST-ZIP	BRANDON FL 33511	
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		

10. ADDITIONS / CHANGES

TITLE	MGR Not MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERYOUNG, GORDON	
STREET ADDRESS	615 Royal Crest Drive	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	MGR Not MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERYOUNG, TERRI	
STREET ADDRESS	2420 W. Brandon Blvd #195	
CITY-ST-ZIP	Brandon, FL 33511	
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		

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 #

[Signature] **General Escazu Express** 4/8/03 (813) 601-4033

CR2E083 (10/02)