

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 029 ***150.00

DOCUMENT # P00000013519

1. Entity Name

TOMAX EXPRESS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5084 MCARTHUR Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 233

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JAY FL

City & State

JAY FL

4. FEI Number

59-3632563

Applied For

Not Applicable

Zip

32565

Country

USA

Zip

32565

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BLOOMER, George M.

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

2362 A. BLANDING BLVD.

City

Middleburg

FL

Zip Code

32068

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARTIN JOANN R.
STREET ADDRESS P.O. Box 233
CITY-ST-ZIP JAY, FL 32565

TITLE VP
NAME WOOTON MALCOLM JR.
STREET ADDRESS P.O. Box 233
CITY-ST-ZIP JAY, FL 32565

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IN THIS SPACE**

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Malcolm Wooton Jr.* MALCOLM WOOTON JR. VP 5/20/03 850-380-3585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)