2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000040266 1. Entity Name WELL PRESSED EXPRESS JVP. INCORPORATED Prin 3814 TAM

3/1/0

FILED Mar 29, 2001 8:00 am Secretary of State 03-01-2001 90051 002 ***150.00

AME TREET ADDRESS TITY-ST-ZIP TAMPA FL 33609 TITLE AME TREET ADDRESS TITY-ST-ZIP TITLE TI		<u> </u>							
Procpoil Place of Business 3. Mairing Address Suite, Apt. #, aske. Suite, Apt. #, otc. City & State City & State Country 7/10 Country 8. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name 6. Name and Address of Current Registered Agent Name COUNTES, FEINTOIA 109 N. ARMENIA AVE. TANPA FL 3869 City F. State Name and Address of Current Registered Agent Name City F. Name and Address of Current Registered Agent Name City F. Name and Address of Now Registered Agent Name 7. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name City F. Name and Address of Now Registered Agent Name Name City F. Name and Address of Now Registered Agent Name Name City F. Name and Address of Now Registered Agent Name Name City F. Name and Address of Now Registered Agent Name Name City F. Name and Address of Now Registered Agent Name Name City F. Name and Address of Now Registered Agent Name	ncipal Place of Businer	55	Mailing Address						
Suite, Apt. #, ofc. Suite, Apt. #, ofc. DO NOT WRITE IN THIS SPACE	OKLAHOMA AVE.		3814 OKLAHOMA AVE.						
Suite, Apt. #, ofc. Suite, Apt. #, ofc. DO NOT WRITE IN THIS SPACE			T						
City & State City & State City & State Country Country Country Country Country Country Country Country Country S. Centificate of Status Desired _ S8.75 Additional record of the purpose of changing its registered of lice or registered agent of the State of Fonds. City _ FI	Principal Place of Business 3: Mailing Address						11 111 5 111 51 11 1111 1111 1111	i 15 111 (1414 1411)	i b iii i so i
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent OGUNTEBI, FEHNTOLA 109 N. ARMENIA AVE. TAMPA FL 33609 City , FILL NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of the Payable to Department of State (Process AND DIRECTORS IN 1) Name and Address of New Registered Agent This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City , FILL NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State (Process AND DIRECTORS IN 1) NAME SERIFAMPA FL 33616 D. OFFICERS AND DIRECTORS 12. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME MERITAMPA FL 33616 D. ORDINARY FLORIDAD MERITAMPA FL 33609 Debte INIE MERITAMPA FL 33609 Debte INIE Additional MERITAMPA FL 33609 Debte INIE MAME MAME MAME Debte INIE MAME MAME Debte INIE MAME MAME Debte INIE MAME MAME MAME Debte INIE MAME MAME MAME Debte INIE MAME MAME MAME MAME MAME Debte INIE MAME	Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent OGUNTEBI, FEHNTOLA 109 N. ARMENIA AVE. TAMPA FL 33609 City , FILL NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of the Payable to Department of State (Process AND DIRECTORS IN 1) Name and Address of New Registered Agent This above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. City , FILL NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State (Process AND DIRECTORS IN 1) NAME SERIFAMPA FL 33616 D. OFFICERS AND DIRECTORS 12. ACOUTIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME MERITAMPA FL 33616 D. ORDINARY FLORIDAD MERITAMPA FL 33609 Debte INIE MERITAMPA FL 33609 Debte INIE Additional MERITAMPA FL 33609 Debte INIE MAME MAME MAME Debte INIE MAME MAME Debte INIE MAME MAME Debte INIE MAME MAME MAME Debte INIE MAME MAME MAME Debte INIE MAME MAME MAME MAME MAME Debte INIE MAME						4. FE Number 363 96 .77 Applied For Not Applicable			
OGUNTEBI, FEHINTOLA 108 N. ARMENIA AVE. TAMPA FL 33609 City FL Zip Code City	Zip	Country	Zip				Sector		
OGUNTEBI, FEHINTOLA 108 N. ARMENIA AVE. TAMPA FL 33609 City	6. Nam	ne and Address of Current	Registered Agent		7.	Name and Address	of New Registered	Agent	
108 N. ARMENIA AVE. TAMPA FL 33609 City	OCUMED E		 	- Name			• •	-	
City T Zip Code 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. GNATURE Signature, typed or priced intend intended in page cable. (NOTE Registered Agent signature required when remaintend) DATE This corporation is eligible to satisfy its Intrangible Affect MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$55	109 N. ARMENIA AVE.			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
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. Company Co	IAMPA FL 330	009				,-		1 3:- 0-4-	
GNATURE Somewise reced at princed name at registrated largest and table 1 apps cable. (INOTE: Registrated Agent Bigretture researed when reinstating) This corporation is eligible to satisfy its Intrangible Tax filling requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Fee will be \$550.00 After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May 9e Added to Fees (See will be \$550.00 make Check Payable to Department of State) Trust Fund Contribution. \$5.00 May 9e Added to Fees (See will be \$550.00 make Check Payable to Department of State) Trust Fund Contribution. \$5.00 may 9e Added to Fees (See will be \$550.00 make Check Payable to Department of State) Trust Fund Contribution. \$5.00 may 9e Added to Fees (See will be \$550.00 make Check Payable to Department of State) Trust Fund Contribution. \$5.00 may 9e Added to Fees (See will be \$550.00 make Check Payable to Department of State) Title	•			City	\$		FL	Zip Code	·
Signature, typed or princed women of registered appear and to it a page cable. (NOTE: Registered depend signature remarked when intenditing) This corporation is eligible to satisty its Intanglible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INCE SHEPHARD, JOHN REEL ADDRESS STREET ADDRESS TY. ST. ZP TAMPA FL 33616 INCE Delete INT. WE MERCER, PAUL D Delete INT. WE MERCER, PAUL D Delete INT. STREET ADDRESS TO CREVETTE DR. CITY. ST. ZP CLEARWATER FL 33624 CITY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete INT. STREET ADDRESS TY. ST. ZP TAMPA FL 33609 Delete TITLE Delete TITLE TO Change The Tax Delete The Tax Delete TITLE TO Change The Tax Delete The Tax Delete TITLE TO Change The Tax Delete Th	The above named en	ntity submits this statement fo	r the purpose of changing it	s registered office or r	egistered ac	gent, or both, in the St	tate of Florida.	,	
Signature typed as princed agree and tell a large cable. (NOTE: Regreemed Agent signature rendered where interesting) This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Make Check Payable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ILE D SHEPHARD, JOHN NAME SHEPHARD, JOHN NAME STREET ADDRESS S14 OKLAHOMA AVE. STREET ADDRESS CITY-ST-ZP TAMPA FL 33616					,				
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	GNATURESignature, typ	ed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature	a required when	reinstating)	DATE		
NEE ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE DAY TAMPA FL 33609 TILE DAY TAMPA FL 33609 TILE DAY TAMPA FL 33609 TILE NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME NAME STREET ADDRESS TY-ST-ZIP TAMPA FL 33609 TILE NAME NAME NAME NAME NAME NAME NAME NAM	Tax filing requirement	nt and elects to do so.	After MAY 1, 2	001 Fee will be \$55	50.00				
ME SHEPHARD, JOHN RET ADDRESS TAMPA FL 33616 ILE D D Delete IIILE ME MERCER, PAUL D MAME RET ADDRESS TY: ST-ZIP REE D GARY, VIRGINIA R STREET ADDRESS TY: ST-ZIP REE TADDRESS TY: ST-ZIP REE TAD	<u> </u>	OFFICERS AND	DIRECTORS	12.	A	DDITIONS/CHANGES	S TO OFFICERS AND	DIRECTORS	
TREET ADDRESS TY-ST-ZIP TAMPA FL 33616 TY-ST-ZIP TAMPA FL 33616 TY-ST-ZIP TAMPA FL 33616 TY-ST-ZIP TAMPA FL 33616 TY-ST-ZIP TAMPA FL 33624 TITLE TAMPA FL 33624 TITLE TAMPA FL 33629 TAMPA FL 33609 TAMPA FL 33609 TAMPA FL 33609 TAMPA FL 33609 THE TADDRESS TY-ST-ZIP THE TADDRESS TY-ST-ZI	ILE D		☐ Delete					☐ Change	☐ Addition
TY-ST-ZIP TAMPA FL 33616 CITY-ST-ZIP TITLE MAKE MERCER, PAUL D STREET ADDRESS TY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK									
TILE MME MME MERCER, PAUL D MERCER, PAUL D 513 CORVETTE DR. CLEARWATER FL 33624 CITY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP CHange Addition MAME GARY, VIRGINIA R SITRET ADDRESS TY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TLE MAME MAME MAME MAME STREET ADDRESS CITY-ST-ZIP Change Addition MAME MAME MAME MAME MAME MAME MAME MAME									
THEET ADDRESS TYY-ST-ZIP TILE AME GARY, VIRGINIA R TREET ADDRESS TRY-ST-ZIP TAMPA FL 33609 TILE TREET ADDRESS TRY-ST-ZIP TO Delete TITLE TAMPA FL 33609 TITLE TAMPA FL 33609 THEE TREET ADDRESS TRY-ST-ZIP TRY	TLE D		☐ Delete	TITLE				☐ Change	Addition
TITY-ST-ZIP CLEARWATER FL 33624 CITY-ST-ZIP THE GARY, VIRGINIA R AME IRECT ADDRESS TY-ST-ZIP TAMPA FL 33609 CITY-ST-ZIP TILE AME IRECT ADDRESS TITY-ST-ZIP TILE AME IRECT ADDRESS TITY-ST-ZIP TILE AME IRECT ADDRESS TITY-ST-ZIP TITLE AME TITLE NAME STREET ADDRESS TITY-ST-ZIP TITLE AME TITLE AME TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AME TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE AME TITLE AME NAME Addition Addition Addition Addition Addition Change Addition Addition Addition AME NAME TITLE NAME Addition Change Addition Addition Addition Addition AME NAME				,					
THE GARY, VIRGINIA R AME GARY, VIRGINIA R AME TREET ADDRESS TY-SI-ZIP TAMPA FL 33609 TITLE AME TREET ADDRESS TY-SI-ZIP TITLE AME TREET ADDRESS TY-SI-ZIP TITLE TI									
IREET ADDRESS 4611-N-B ST TAMPA FL 33609 TILE AAME IREET ADDRESS TITY-ST-ZIP TILE AAME IREET ADDRESS TITY-ST-ZIP TILE AME IREET ADDRESS TITY-ST-ZIP TILE AME IREET ADDRESS TITY-ST-ZIP TILE AME IREET ADDRESS TREET ADDRESS	TLE D		☐ Delete	TITLE				☐ Change	Addition
TITE Delete TITLE CHange Addition TITE NAME TREET ADDRESS TITY-ST-ZIP TITLE CHANGE TREET ADDRESS TITY-ST-ZIP TITLE CHANGE TREET ADDRESS TITY-ST-ZIP TITLE CHANGE TREET ADDRESS TREET ADDRESS TITY-ST-ZIP TITLE CHANGE TREET ADDRESS TITY-ST-ZIP TITLE CHANGE Addition TITLE TITLE CHANGE Addition TITLE	1			I ' - I					
TILE Delete TITLE Change Addition AME IREET ADDRESS STREET ADDRESS TY-ST-ZIP TILE Delete TITLE Change Addition Addition TITLE Delete TITLE CHANGE AME NAME STREET ADDRESS CITY-ST-ZIP CHANGE AME TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition Addition Addition Addition AME TITLE Delete TITLE Delete NAME				1	-			-	-
IREET ADDRESS STREET ADDRESS CTY-ST-ZIP TILE Delete TILE Delete TITLE AME AME		12 0000	☐ Delete	TITLE				☐ Change	Addition
TY-ST-ZIP CTY-ST-ZIP Delete TITCE AME NAME NAME STREET ADDRESS CTY-ST-ZIP CTY-ST-ZIP Delete TITCE Delete TITCE Addition Addition Addition		•				<u>.</u>			
TLE Delete TITLE Change Addition THEET ADDRESS ITY-ST-ZIP TILE Delete TITLE Delete TITLE Delete TITLE AME Change Addition Addition	• 1	1	#					';	
AME THEET ADDRESS STREET ADDRESS CITY-ST-ZIP TILE Delete. TITLE NAME AME	75. 4	The second second	- Dalate			. F 2.2 5	**	☐ Change	- Addition
TITLE CHANGE CARD	. 1	The second of th	ar.	I		Specification of the second of			
TITLE Change Addition AME		•							·
AME NAME		the transfer of the fig.	T T I T T T T T T T T T T T T T T T T T	1					☐ Addision
	i i	made the last of the last of the	- L Delete		•			unange	☐ Addition
TREET ADDRESS STREET ADDRESS	TREET ADDRESS			STREET ADDRESS			•		
CITY-SI-ZIP CITY-SI-ZIP	ľ			CITY-SI-ZIP		<u> </u>			