

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90395 017 \*\*\*150.00

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DOCUMENT # P00000046760

1. Entity Name  
224 EXPRESS, INC.



Principal Place of Business  
116 COLLEGE DRIVE  
ORANGE PARK FL 32065

Mailing Address  
530 GOLDEN LINKS DR.  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

849 Creighton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

4. FEI Number

59-3646886

Applied For

Not Applicable

Zip

Country

Zip

Country

32003

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUI, PAUL  
11618 SUMMER BROOK COURT  
JACKSONVILLE FL 32258

Name

Bethi Allen

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

9336 Tramore Glen Ct

City

Jacksonville

FL

Zip Code

32256

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

*Paul Lui, accountant*

4/16/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME IV, SOPHY  
STREET ADDRESS 530 GOLDEN LINKS DR.  
CITY-ST-ZIP ORANGE PARK FL 32073  Delete

TITLE PD  
NAME IV, SOPHY  
STREET ADDRESS 849 creighton Rd.  
CITY-ST-ZIP orange Park, FL 32003  Change  Addition

TITLE SD  
NAME IV, YOU  
STREET ADDRESS 530 GOLDEN LINKS DR.  
CITY-ST-ZIP ORANGE PARK FL 32073  Delete

TITLE SD  
NAME IV, you  
STREET ADDRESS 849 Creighton Rd  
CITY-ST-ZIP Orange Park, FL 32003  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of SOPHY IV, President*

Date

1/19/03

Daytime Phone #

(904) 272-8015

CR2E034 (10/02)