


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90714 034 ***150.00

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

DOCUMENT # P00000054136			
1. Entity Name Shuttle Express, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1395 S.W. 34th St. Suite, Apt. #, etc.		3. Mailing Address 1395 S.W. 34th St. Suite, Apt. #, etc.	
City & State Palm City FL		City & State Palm City FL	
Zip 34990	Country Martin	Zip 34990	Country Martin
4. FEI Number 65-1020529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name MARGARET STIBUREK			
Street Address (P.O. Box Number is Not Acceptable) 1395 S.W. 34TH			
City Palm City		FL	Zip Code 34990
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: X Margaret Stiburek <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Margaret Stiburek 1395 S.W. 34th St. Palm City, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE 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: Margaret M. Stiburek		Shuttle Express Inc. 4-28-03	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034B (12/02)

215-8585