

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 007 ***150.00

DOCUMENT # P00000062829

1. Entity Name
EXPRESS SERVICE CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

955 HIGHWAY 301 SOUTH
Suite, Apt. #, etc.

3. Mailing Address

955 HIGHWAY 301 SOUTH
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BALDWIN, FL

City & State

BALDWIN, FL

4. FEI Number

59-3666083

Applied For

Not Applicable

Zip

32234

Country

Zip

32234

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NADER MUSAHAJIF

Street Address (Do Not Put Number in Not Acceptable)

4301 CONFEDERATE POINT RD.

APT 32

City

JACKSONVILLE

FL

32210

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PRESIDENT
NADER MUSAHAJIF
4301 CONFEDERATE POINT, APT 32
JACKSONVILLE, FL 32210*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)