

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90052 041 \*\*\*150.00

0140383 8P

**DOCUMENT # P00000083041**

1. Entity Name  
**EXPRESS WEDDINGS, INC.**

Principal Place of Business      Mailing Address  
**206 SHADOW BAY BLVD SOUTH**      **206 SHADOW BAY BLVD SOUTH**  
**LONGWOOD FL 32779**      **LONGWOOD FL 32779**

2. Principal Place of Business      3. Mailing Address  
**SAME**      **SAME**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**206 SHADOWBAY**      **206 SHADOWBAY**

City & State      City & State  
**LONGWOOD FL**      **LONGWOOD FL**

Zip      Country      Zip      Country  
**32779**           **32779**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILLER, DONALD F**  
**206 SHADOW BAY BLVD SOUTH**  
**LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_      **FL**      Zip Code: \_\_\_\_\_

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 \_\_\_\_\_      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P.D.T. DONALD MILLER</b> <b>206 SHADOW BAY BLVD S</b> <b>LONGWOOD FL 32779</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V.P.S.D. CANDI EKSTROM</b> <b>206 SHADOW BAY BLVD S</b> <b>LONGWOOD FL 32779</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**      Date: **8-29-2001**      Daytime Phone #: **407-616-3462**

CR2E034 (5/01)

Attachment DOC# P000000083041  
A0083510

To whom it may concern

I'm sorry but this a new  
Corporation and I never

receive the first payment

Report so there for I didn't

know about the \$150.00 due.

I talk to someone with

Your office they said to

write a letter telling you why

so she said to also send

the \$150.00. now

Thank  
you

James Muller