FILED Apr 09, 2002 8:00 am Secretary of State

04-09-2002 90021 023 \*\*\*150.00

## 2002 Uniform Business Report (UBR)

**DOCUMENT #** 1. Entity Name

P00000083041

EXPRESS WEDDINGS, INC.

Principal Plac	e of Business	Mailing Address					
206 SHADOW BAY BLVD SOUTH LONGWOOD FL 32779		206 SHADOW BAY BLVD SOUTH LONGWOOD FL 32779					
2. Principal P	Place of Business Shadan Your Rlend	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Citys State City & State		City & State		4. FEI Number	-3669835	<u> </u>	plied For t Applicable
Zip 327	29 - Senande	Zip 0	Country	5. Certificate of Statu		<b>\$8.75</b> Add Fee Require	
	6. Name and Address of Current R	egistered Agent	News	7. Name and Addres	s of New Registered	Agent	
			Name				
MILLER, DONALD F			Street Address (P.O. Box Number is Not Acceptable)				
206 SHADOW BAY BLVD SOUTH LONG\WOOD FL 32779							
fougâ	JUD FL 32/19		City		FL	Zip Code	е
8. The above	named entity submits this statement for t	the purpose of changing its reof	Stered office or registe	ered agent or both in the	State of Florida		
			) , ).	~ "LA			
SIGNATURE .	DONALD F. MIL	, — , <i>D</i> ,	malel.	To the		0-2	002
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Regi	istered Agent signature require	ed when reinstating)	DATE		
			EE IS \$150.00	l'			
Tax filing	requirement and elects to do so.	After May 1, 2002 F	ee will be \$550.00	Trust Fund	ampaign Financing Contribution.		May Be to Fees
Tax filing	requirement and elects to do so.	After May 1, 2002 F Make Check Payable to	ee will be \$550.00	ate Trust Fund		Added	to Fees
Tax filing r (See criter	requirement and elects to do so.	After May 1, 2002 F Make Check Payable to	Fee will be \$550.00 o Department of St	ate Trust Fund	Contribution.	Added	to Fees
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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 sharfnaye 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 Charlier 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.