## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

P00000098710 **DOCUMENT #** 1. Entity Name

SEARCH EXPRESS, INC.



**FILED** Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90068 022 \*\*\*150.00

319 ELLIOT	ace of Business T ROAD SE N BEACH FL 32548	Mailing Address 319 ELLIOTT ROAD SE FT WALTON BEACH FL		I HECTORES HAS COURT BOTH BOTH BOTH COUR	ADNIA YANDI IDNIY IDABA INDIK DOM ABAK
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MA	KING CHANGES
City & State		City & State		4. FEI Number 59-3693777	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and Address of New Registe	
HILL, RIC			Name	7. Name and Address of New Registe	red Agent
319 ELLI	OTT ROAD SE		Street Address (P.O. Box Number is Not Acceptable)		
FTWALT	ON BEACH FL 32548				
	·		City		Zip Code
8. The above the obligation	e named entity submits this statement for ations of registered agent.	the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NO	TE: Registered Agent signature requ	ulrad when respectively	
1	FILE NOW!!! FEE IS \$150.00		Te. registated Agent signature requ	uired when reinstating) DA	TE .
Afte	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	IRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS A	AND DIDEOTORS IN A
TITLE	P	☐ Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS	
NAME	HILL, RICHARD B	□ Boloto	NAME		☐ Change ☐ Addition
STREET ADDRESS	319 ELLIOTT ROAD SE		STREET ADDRESS		:
CITY-ST-ZIP	FORT WALTON BEACH FL 32548		CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		
NAME			NAME		☐ Change ☐ Addition   C
STREET ADDRESS			STREET ADDRESS	•	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		susaigs receiptoff
STREET ADDRESS			STREET ADDRESS		

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ~

CITY-ST-ZIP



Daytime Phone #