

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 021 ***150.00

DOCUMENT # P010000 37967

1. Entity Name

TRUMPET EXPRESS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

331 LAURINA ST

3. Mailing Address

331 LAURINA ST

Suite, Apt. #, etc.

APT. 640

Suite, Apt. #, etc.

APT. 640

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3713602

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILBUR MAKELL

Street Address (P.O. Box Number is Not Acceptable)

331 LAURINA ST

APT 640

City

JACKSONVILLE

FL

Zip Code

32216

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME WILBUR MAKELL
STREET ADDRESS 331 LAURINA ST APT. 640
CITY - ST - ZIP JACKSONVILLE FL 32216

TITLE VD
NAME VICTORIA MAKELL
STREET ADDRESS 331 LAURINA ST APT. 640
CITY - ST - ZIP JACKSONVILLE FL 32216

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CR2E034B (12/01)

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: *W. Makell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #