2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

UNIFORM BUSINESS REPORT (UBR)				05-17-2002 90039 021 ***150.00	
DOC 1. Entity I	SUMENT # POIOOC	20 3796	7 /	03 17 2002 900	757 021 130.00
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/ /	RUMPET EX	CPRESS,	INC.		
L	DO NOT WRITE	IN THIS S	PACE	·	
		· in time S	IAGE		
2. Principa 3 3)	LAURINA ST	3. Mailing Address 33/ LAURIA	NA ST		
Suite, Apt. #, etc. APT. 640		Sujte. Apr. 1, etc. A P T. 640		DO MOT WRITE-IN THIS SI	2405
0		71 PT. 640	2	- DO NOT WRITE-IN THIS SPACE	
		JACK SONV	INLE FL	4. FEI Number 59-3713602	Applied For
322	216 USA	32216	Country USA	,	Not Applicable 8.75 Additional
				7. Name and Address of Current Registered A	ee Required
	DO NOT W	DITE	Name WILB	UR MAKELL	yent
			Street Address (P.O. Box Number is Not Acceptable) AuRINA ちて	4.0
	IN THIS SP	ACE	33/ 2	AURINA ST	APT 640
			City		
8. The abov	ve named entity submits this statement for	the purpose of changing its	JACKS:	NVILLE FL	Zin Gode 32216
	4, 4	one perpose or changing its i	registered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	'signature, typed or printed name of registered agent an				
O This save			Registered Agent signature required	when remstating) DATE	
lax filing requirement and elects to do so. 金和的問題。			y 1 Fee is \$150.00 I. Fee is \$550.00	10. Election Campaign Financing	A.
(See criteria on back)		Amended UBR is \$61.25 Make Check Payable to Department of State		Trust Fund Country of Co.	\$5.00 May Be Added to Fees
11. TITLE	OFFICERS AND DI	IRECTORS			
NAME	WILBUR MAKEL 331 LAURINA S	- APT. 640	TITLE: NAME		
street address City - St - Zip			STREET ADDRESS		CR2E0348 (12/0)
TITLE	JACKSON VILLE	FL 32216	CITY: ST- ZIF		m X
NAME.		KELL	TITLE NAME		2E0.
STREET ADDRESS	, - 3	ST APT. 640	STREET ADDRESS		12
CITY-ST-ZIP ITLE	JACKSONYILLE	FL 32216	City-St-3P		
IAME			TITLE		
TREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			GIV-ST-ZIP	DO NOT WRITE	E
ITLE AME			auff		
TREET ADORESS			NAME	IN THIS SPACE	
ITY-ST-ZIP			STREET ADDRESS CITY+ST+TIP		
TLE		***************************************	THILE		
AME TREET ADVOCCE			NAME		
TREET ADORESS TY-ST-ZIP			STREET AUDRESS		
TLE			QIY-SI-ZIP		
ME 3ME			TITLE NAME		
REET ADDRESS			NAME STREET ADDRESS		
IY+ST-ZIP	,		MAN 21.30		
indicated of	ertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the	exemption stated in Section	on 119.07(3)(i), Florida Statutes. I further certify the	at the information
OF THE COLL	ILICATION OF the recoiver or trust-	one mathy a	ristriatore andit Have the San	ie lenal effect as if made under	c who mallon :

indicated on this report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 article and the same legal effect as if made under oath; that I am an officer or director attachment with an address, with all other like empowered.

SIGNATURE:	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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