

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043128

1. Entity Name

EXPRESSION ENTERPRISES, INC.

Principal Place of Business
140 NW 16TH ST.
POMPANO BEACH FL 33060

Mailing Address
140 NW 16TH ST.
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FE# Number

65-1097699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROY, DAVID R ESQ
4209 N. FEDERAL HWY.
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

USTUN ATAC

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

140 NW 16TH ST

City

POMPANO BEACH

FL

Zip

33060

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.

USTUN ATAC PRESIDENT

DATE

6/24/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE D
NAME ATAC, USTUN
STREET ADDRESS 140 NW 16TH ST.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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 another like empowered.

SIGNATURE:

USTUN ATAC 4/19/02 954 781-7555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91499 033 ***150.00

37219



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)