

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90654 037 ***158.75

0355400 AV

DOCUMENT # P01000083171

1. Entity Name
A CONSIGNMENT XPRESS, INC.

Principal Place of Business
**236 CASTLEWOOD DR. #104
N PALM BEACH FL 33408**

Mailing Address
**236 CASTLEWOOD DR. #104
N PALM BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Alternate*
9090 Alt AIA

3. Mailing Address *Alternate*
9090 Alt AIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Palm Beach FL

City & State
North Palm Beach FL

4. FEI Number
65-1133618

Applied For
☐ Not Applicable

Zip
33403

Country
United States

Zip
33403

Country
United States

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NGUYEN NELSON, HONG THUY
236 CASTLEWOOD DR, #104
N PALM BEACH FL 33408**

Name
B Nelson

Street Address (P.O. Box Number is Not Acceptable)
9090 Alt AIA

City
North Palm Beach FL 33403

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 *Bruce K. Nelson* **J.P.**

4/2/02

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) ☒

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hong Thuy Nguyen P 9090 Alt AIA North Palm Beach, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Nelson VP 9090 Alt AIA North Palm Beach, FL 33403	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hong Thuy Nguyen 9090 Alt AIA North Palm Beach, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bruce Nelson VP 9090 Alt AIA North Palm Beach, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Bruce K. Nelson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 **US61841-7186**
Date Daytime Phone #

CR2E034 (9/01)