

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90032 023 ***150.00

0105022 AV

DOCUMENT # P01000083416

1. Entity Name
EXPRESS SHOP V, INC.

Principal Place of Business

**5922 TURKEY LAKE RD
 ORLANDO FL 32819**

Mailing Address

**5922 TURKEY LAKE RD
 ORLANDO FL 32819**

2. Principal Place of Business

EXPRESS SHOP
 Suite, Apt. #, etc.
7614 CLEMENTINE WAY

City & State
ORLANDO, FL

Zip
32819

Country

3. Mailing Address

EXPRESS SHOP
 Suite, Apt. #, etc.
7614 CLEMENTINE WAY

City & State
ORLANDO, FL

Zip
32819

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

*** 593750172**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FLANAGAN, GREGORY S
 230 NE 25TH AVE, STE 200
 ORLANDO FL 34470**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	D REDDY, KUCHAKULLA M 5922 TURKEY LAKE RD ORLANDO FL 32819	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DHEERAJ REDDY.K. 7614 CLEMENTINE WAY ORLANDO, FL- 32819.	<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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/02

407-701-7763

CR2E034 (9/01)