## 2002 Uniform Business Report (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 17, 2002 8:00 am Secretary of State P01000087270 DOCUMENT # 1. Entity Name 04-17-2002 90032 034 \*\*\*150 EXPRESS SHOP VI, INC. Principal Place of Business Mailing Address 5922 TURKEY LAKE RD 5922 TURKEY LAKE RD ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business For DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name \_\_ FLANAGAN, GREGORY S Street Address (P.O. Box Number is Not Acceptable) 230 NE 25 AVE, STE 200 OCALA FL 34470 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change REDDY, KUCHAKULLA M NAME NAME 5922 TURKEY LAKE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Orlando Fl 32819 CITY-ST-ZIP ☐ Delete NAME REDDY, KUCHAKULLA D NAME STREET ADDRESS STREET ADDRESS 5922 TURKEY LAKE RD CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32819 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Detete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 pther like empowered.

FILED

Daytime Phone #