2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P01000115436

DOCUMENT # 1. Entity Name

LANDWAY EXPRESS, INC.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

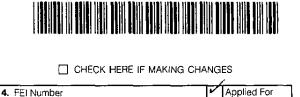


Principal Place of Business Mailing Address 17800 OLD BAYSHORE ROAD 17800 OLD BAYSHORE ROAD NORTH FORT MYERS FL 33917 NORTH FORT MYERS FL 33917 2. Principal Place of Business 3. Mailing Address

FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90101 038 ***150.00

CC)PCUU



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6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City

Suite, Apt. #, etc.

City & State

Zip

				1
8.	The above named entity submits this statement for the purpose of changing its register	ed office or registered agent, or both.	in the State of Florida. I am fa	miliar with, and accept
	the obligations of registered agent.			•

Country

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Not Applicable

\$8.75 Additional

Fee Required

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ☐ Addition TITLE Delete TITLE Change LAND, TONY L NAME 17800 OLD BAYSHORE ROAD STREET ADDRESS STREET ADDRESS NORTH FORT MYERS FL 33917 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change - - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment.

SIGNATURE: