2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000044213

1. Entity Name SEAN EXPRESS, INC.



FILED Jan 24, 2003 8:00 am Secretary of State

01-08-2003 90057 019 ***150.00

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Principal Place of Business 101 BEAR BLVD. SAN MATEO FL 32187				ng Address EAR BLVD. MATEO FL 32187	•		00000100							
SAN MAIEU P	rL 3218/		SANI	MATEU PC 32187										
2. Principal Place of Business				3. Mailing Address					J 120 Hand in Corra dibio 02 (1) 02(H	i Påiji paifi	05895 At 000 1100t 1	1000 (NI 100F		
Suite, Apt. #, etc.				Suite, Apt, #, etc.				CHECK HERE IF MAKING CHANGES						
City & State				City & State			1				oplied For ot Applicable	,		
Zip Country			Zip Cou			ntry	5. Certificate of Status Desired				\$8.75 Additional Fee Required			
		1	. 7	7. Na	ame and Address of New Ro	glstered	Agent		7 1					
		- · · ·				Name_						·		
CHAY, SEAN							Curat Address /DO Day Mustber is Not Accomplated							
101 BEAR BLVD.							Street Address (P.O. Box Number is Not Acceptable)							
SAN MATE	EO FL 32187										7			
						City				F	Zip Cod	e	1 1	
8. The above	named entity s	ubmits this statement for	the purp	ose of changing its	register	ed office or	registered	d ager	nt, or both, in the State of Flor	ida. I am	n familiar with,	and accept	-†	
	tions of registere		(- ,			•	·	Ū						
SIGNATURE	Signature, typed or p	e inega benatalger to eman barnin	nd title if spp	ricable. (NOTE	: Registere	d Agent signatu	re required who	hen reins	stating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Final Trust Fund Contribution			May Be I to Fees		
	K rayabe to r	<u> </u>		<u> </u>									4	
10.	IPD	OFFICERS AND I	DIHECTO		11.			ADD	ITIONS/CHANGES TO OFFIC	CERS AN			ا ۾ ا	
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STREET ADDRESS	4455 SW 347	H ST., #S\$236		•		ET ADDRESS	>0	-AP	, VIWATH				2	
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TITLE	VD			☐ Delete	TITLE		> ∩	N N	MATER PL 31	73/	Change	Addition	CR2E034 (10/02)	
NAME	SEAN, KANN	IKA			NAM								O :	
STREET ADDRESS	4455 SW 341	`H ST., #S\$236			STRE	ET ADDRESS								
CITY-ST-ZIP	GAINESVILLE	FL 32608			CITY	-\$T-ZIP								
TITLE NAME	STD Chay, Sean		_	☐ Delete	TITLE						☐ Change	Addition]	
	101 BEAR BL					ET ADDRESS	ده د خد	====						
CITY-ST-ZIP	SAN MATEO					-ST-ZIP								
TITLE NAME	SEAN.	VIWATH	PD	☐ Delete	TITLE						☐ Change	Addition		
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CITY-ST-ZIP	(0)	LATED FL 3	210	パリノ		-ST-ZiP								
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CITY-ST-ZIP]					·ST-ZIP								
TITLE				☐ Delete	TITLE				<u> </u>		☐ Change	☐ Addition	-	
NAME				LI Delate	NAME						Slights		1	
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CITY-ST-ZIP	}				CITY	ST-ZIP								
12. I hereby o	ertify that the in	formation supplied with t	his filing	does not qualify for	the exer	notion state	d in Sectio	on 119	9.07(3)(i), Florida Statutes. I f	urther ce	rtify that the in	formation	1	
indicated	on this report or	supplemental report is t	rue end :	sccurate and that m	y signati	ure shall ha	ve the sam	ne leg	9.07(3)(i), Florida Statutes. I f pal effect as if made under oa	ith; (hat l	am an officer	or director	l	

reflective that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I former certify that he information indicated on this report or suppliemental 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 with an address, with all other like empowered.

SIGNATURE:

SIGNALIPS POLIPED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 352-374 4944

Date

Daytime Phone #