2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000086268

1. Entity Name

BROCK BROTHERS EXPRESS, INC.



5/2/2

FILED
May 27, 2003 8:00 am
Secretary of State

05-02-2003 90122 043 ***150.00

				7	5504361	Ø
Principal Place of Business 10130 STEVENS DRIVE POLK CITY FL 33868		Mailing Address 10130 STEVENS DRIVE POLK CITY FL 33868				
2. Principal Place of Business		3. Mailing Address		C INCHEST IN SOUTH CLAIM NAME OF	erie danie odnal lauto bresa eroeb	Atibi ibiz tabi
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 01-0573 160	#	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	□ \$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered						
BROCK, JERRY						
10130 STEVENS DRIVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)		ļ
7 POLK CITY FL 33868						
,		-	City		FL Zip Coo	le ·
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Busce of Errock St. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 6						May Be
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Trust Fund Contributi	on. 🗆 Adde	d to Fees
10,	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	
TITLE	President Bruce L. Brock 10130 Steven Priv	☐ Delete	: TITLE NAMF		☐ Change	Addition §
NAME STREET ADDRESS	10130 Steven Priv	اف	STREET ADDRESS			
CITY-ST-ZIP	POLK City FL. 338	68	CITY-ST-ZIP			
TITLE		☐ Defete	TITLE		☐ Change	Addition 2
NAME STREET ADORESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	Addition
STREET ADDRESS			NAME STREET ADDRESS			}
CITY-ST-ZIP		•	CITY-ST-ZIP		•	
TITLE		☐ Defete	TITLE		☐ Change	Addition
NAME CINCET ADDRESS			NAME Street address			
STREET ADDRESS CITY-ST-ZIP	±		CITY-ST-ZIP			
TITLE		☐ Defete	TITLE		☐ Change	☐ Addition
NAME			NAME	•]
STREET ADDRESS CITY-ST-ZIP	i		STREET ADDRESS CITY-ST-ZEP			.
TITLE	l	□ Delete	TITLE		☐ Change	☐ Addition
NAME	• •	CI Neitte	NAME		ு வக்கி	
STREET ADDRESS			STREET ADDRESS			1
CITY-ST-ZIP	pertify that the information supplied wi	th this filling does not qualify for	the exemption stated in S	Section 119 07(3)(i) Florida Statutes	I further certify that the in	ntormation

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Brither Espress 4-28-03

863-984-7127