

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90126 021 \*\*\*150.00

DOCUMENT # P02000097802

1. Entity Name  
EXPRESS PRESS OF CLEARWATER, INC.



Principal Place of Business  
1181 FORD LANE  
DUNEDIN FL 34698

Mailing Address  
1181 FORD LANE  
DUNEDIN FL 34698

2. Principal Place of Business

1674 N. BELCHEK RD

3. Mailing Address

1674 N. BELCHEK RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLW. FL.

City & State

CLW. FL.

Zip

33765

Country

PINELLAS

Zip

33765

Country

PINELLAS

4. FEI Number

46-0499510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEL CORPO, DOREEN  
1181 FORD LANE  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name DOREEN DELCORPO

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

1674 N. BELCHEK RD

City CLEARWATER

FL

Zip Code 33765

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 Doreen DelCorpo DOREEN DELCORPO PSTD 4.28.03

Signature, typed or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME DEL CORPO, DOREEN  
STREET ADDRESS 1181 FORD LANE  
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME DELCORPO DOREEN  
STREET ADDRESS 1674 N. BELCHEK RD.  
CITY-ST-ZIP CLEARWATER FL 33765 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: Doreen DelCorpo DOREEN DELCORPO PSTD 727-447-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11.12.03 Daytime Phone #

CR2034 (10/02)