


4/16

04-16-2003 90240 046 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000106500**

1. Entity Name  
**NITRO EXPRESS, INC.**



Principal Place of Business  
**2574 SW DANBURY STREET  
 PORT ST. LUCIE FL 34953**

Mailing Address  
**2574 SW DANBURY STREET  
 PORT ST. LUCIE FL 34953**



2. Principal Place of Business  
**NITRO EXPRESS INC 2574 SW Danbury St**

Suite, Apt. #, etc.  
**507**

3. Mailing Address  
**2574 SW Danbury St**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Port St. Lucie FL 34953**

City & State  
**FL 34953**

Zip  
**34953**

Country  
**St. Lucie Co**

Country  
**St. Lucie Co**

4. FEI Number  
**22-3876679**

Applied For  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**HEBERT, BRANDON L  
 2574 SW DANBURY STREET  
 PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name  
**Brendon L Hebert**

Street Address (P.O. Box Number is Not Acceptable)  
**2574 SW Danbury St**

City  
**Port St. Lucie FL**

Zip Code  
**34953**

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  


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

DATE  
**4-28-03**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres Brendon Hebert 2574 SW Danbury St Port St. Lucie, FL 34953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 

Signature and typed or printed name of signing officer or director

Date  
**4/16/03**

Daytime Phone #  
**772-370-8844**

CR2E034 (10/02)