

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90605 011 ***150.00

DOCUMENT # P02000106767

1. Entity Name
MAIL ORDER EXPRESS OF ORLANDO INC.



Principal Place of Business
**3936 S. SEMORAN BLVD SUITE 414
ORLANDO FL 32822**

Mailing Address
**3936 S. SEMORAN BLVD SUITE 414
ORLANDO FL 32822**



2. Principal Place of Business

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

3. Mailing Address

- SAME

Suite, Apt. #, etc.

- SAME

City & State

- SAME

Zip

-

Country

-

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0489275

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSON, EUGENE
3936 S. SEMORAN BLVD SUITE 414
ORLANDO FL 32822**

7. Name and Address of New Registered Agent

Name **EUGENE JOHNSON Suite 414**
Street Address (P.O. Box Number is Not Acceptable)
3936 S Semoran Blvd
City **Orlando FL** Zip Code **32822**

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

Eugene Johnson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/03

**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 **D** ☐ Delete
NAME **JOHNSON, EUGENE**
STREET ADDRESS **3936 S. SEMORAN BLVD SUITE 414**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 with an address, with all other like empowered.

SIGNATURE:

Eugene Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

DATE

Daytime Phone #

CR2E034 (10/02)