

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 28, 2003 8:00 am
Secretary of State

08-28-2003 90070 026 ***558.75

0029135 AV

DOCUMENT # P02000119754

1. Entity Name

1ST EQUITY EXPRESS, CORP.



Principal Place of Business

**18764 SW 28TH CT
MIRAMAR FL 33029**

Mailing Address

**18764 SW 28TH CT
MIRAMAR FL 33029**

**12525 ORANGE DR #709
DAVIE FL 33330**

2. Principal Place of Business

12525 ORANGE DR

3. Mailing Address

12525 ORANGE DRIVE

Suite, Apt. #, etc.

STE 709

Suite, Apt. #, etc.

STE 709

City & State

DAVIE FL

City & State

DAVIE FLORIDA

Zip

33330

Country

Zip

33330

Country

4. FEI Number

134219595

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

**ROBERTS, LUISA F
18764 SW 28TH CT
MIRAMAR FL 33029**

7. Name and Address of New Registered Agent

Name **SEAN HATLEY HATLEY, SEAN**
Street Address (P.O. Box Number is Not Acceptable)
12525 ORANGE DR #709
City **DAVIE** FL Zip Code **33330**

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

Sean Hatley

(NOTE: Registered Agent signature required when reinstating)

DATE

8/25/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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	P	<input type="checkbox"/> Delete
NAME	ROBERTS, LUISA F	
STREET ADDRESS	18764 SW 28TH CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	HATLEY, SEAN	
STREET ADDRESS	18764 SW 28TH CT	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LUISA F.	
STREET ADDRESS	12525 ORANGE DR #709	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATLEY, SEAN	
STREET ADDRESS	12525 ORANGE DR #709	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Sean Hatley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03 954-475-0017

Date

Daytime Phone #

CR2E034 (4/03)