

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90288 046 ***150.00

DOCUMENT # P35847

1. Entity Name
JUBERT EXPRESS, INC.



Principal Place of Business

~~2601 REED AVE~~
MELBOURNE FL 32901

Mailing Address

~~2601 REED AVE~~
MELBOURNE FL 32901

2. Principal Place of Business

819 E. Strawbridge
Suite, Apt. #, etc.
5

3. Mailing Address

Suite, Apt. #, etc.
P.O. Box 578

City & State

Melbourne, FL

City & State

Melbourne, FL

Zip

32901

Country

USA

Zip

32902

Country

USA

4. FEI Number

54-1561644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUBERT, ROGER
~~2601 REED AVE~~
~~MELBOURNE FL 32901~~

7. Name and Address of New Registered Agent

Name

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

~~2601 REED AVE~~

8635 S. Tropical Trail

City

Merritt Island FL

Zip Code

32952

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

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 **DCP** ☐ Delete
NAME **JUBERT, ROGER**
STREET ADDRESS ~~2601 REED AVE~~
CITY-ST-ZIP **MELBOURNE FL**

TITLE **DVC** ☐ Delete
NAME **JUBERT, COLETTE**
STREET ADDRESS ~~2601 REED AVE~~
CITY-ST-ZIP **MELBOURNE FL**

TITLE **VP** ☐ Delete
NAME **JUBERT, COLETTE**
STREET ADDRESS ~~2601 REED AVE~~
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 **8635 S. Tropical Tr.**
CITY-ST-ZIP **merritt Island, FL 32952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8635 S. Tropical Trail**
CITY-ST-ZIP **merritt Island, FL 32952**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8635 S. Tropical Trail**
CITY-ST-ZIP **Merritt Island, FL 32952**

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

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

TITLE ☐ Change ☐ 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:

Colette R. Jubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 321/953-4717

Date

Daytime Phone #

CR2E034 (10/02)