

2001
~~2000~~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90254 028 ***150.00

DOCUMENT # P92000001593

1. Entity Name

EXPRESS TAX, INC.

Principal Place of Business

Mailing Address

1023 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

1023 RIDGEWOOD AVENUE
HOLLY HILL FL 32117-2807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3151032**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

BENJAMIN, CLIFFORD H SR
1023 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BENJAMIN, CLIFFORD H SR
1023 RIDGEWOOD AVENUE
HOLLY HILL FL 32117

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

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER

EXPRESS TAX, INC.
739 MASON AVENUE
HOLLY HILL, FLORIDA 32117
PH. (904) 257-1040

FIRST UNION

FIRST UNION NATIONAL BANK OF FLORIDA
DAYTONA BEACH, FLORIDA

63-751/831

4996

4/30/01

PAY TO THE ORDER OF

DEPARTMENT OF STATE

\$ **150.00

One Hundred Fifty and 00/100 *** DOLLARS**

DEPARTMENT OF STATE

MEMO

ANNUAL REPORT / FOR ET#P92000001593

ON THE REVERSE SIDE OF THIS DOCUMENT INCLUDES AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

004996 063107513 2133816100962

or 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 11 or Block 12 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

Daytime Phone #

C.H. Benjamin Sr.

4/30/01