

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009024

1. Entity Name

EXPON, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90126 049 ***150.00

Principal Place of Business

Mailing Address

218 COMMERCIAL BLVD.
SUITE 204
LAUDERDALE-BY-THE-SEA FL 33308

218 COMMERCIAL BLVD.
SUITE 204
LAUDERDALE-BY-THE-SEA FL 33071-5433

2. Principal Place of Business

1440 Coral Ridge Dr.

3. Mailing Address

1440 Coral Ridge Drive

Suite, Apt. #, etc.

#290

Suite, Apt. #, etc.

#290

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33071

Country

Zip

33071

Country

4. FEI Number

65-0374784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BLAHA, WALTER R.~~
~~218 COMMERCIAL BLVD~~
~~SUITE 204~~
~~FT LAUDERDALE FL 33308~~

7. Name and Address of New Registered Agent

Name

Georg G. Onodi

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

1440 Coral Ridge Dr. #290

City

Coral Springs

FL

Zip Code
33071

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

Georg G. Onodi

GEORG G ONODI

4/26/00

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ONODI, GEORG G DR	
STREET ADDRESS	218 COMMERCIAL BLVD #204	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BLAHA, WALTER R.	
STREET ADDRESS	218 COMMERCIAL BLVD. #204	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1440 Coral Ridge Dr. #290	
CITY-ST-ZIP	Coral Springs FL 33071	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Georg G. Onodi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

954 575 1146

Daytime Phone #

CR2E034 (9/99)