

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90051 017 \*\*\*150.00

**DOCUMENT # P92000015316**

1. Entity Name  
**MDC EXPRESS, INC.**



Principal Place of Business  
**4821 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US**

Mailing Address  
**PO BOX 40508  
ST PETERSBURG, FL 33743 US**

**66429451**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-3156073**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, DAVID  
8080 12TH AVE S  
ST PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **COHEN, MICHELLE J**  
STREET ADDRESS **8080 12TH AVE S**  
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **STD** ☐ Delete  
NAME **COHEN, DAVID S**  
STREET ADDRESS **8080 12TH AVE S**  
CITY-ST-ZIP **ST PETERSBURG, 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

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

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/1/04**  
Date

**727-321-7447**  
Daytime Phone #



*Attachment.*

UNISHIPPERS  
4821 Central Ave.  
Saint Petersburg, FL 33713

4821 Central Avenue  
St. Petersburg, Florida 33713

[www.unishippers.com](http://www.unishippers.com)

p: 727-321-7447 / 727-327-2777

800.471.7447

f: 727.321.1704

**David Cohen**  
Vice President

July 1, 2004

M D C EXPRESS  
#P92000015316

*66429451*  
*#P92000015316*

Attn: DIVISION OF CORPORATION

I am responding to your notice of intent to dissolve. I sent a check on February 2, 2004 for payment.

I never received information that the form was not filled out correctly, until my phone call on July 1, 2004

I want the late fee waived and have enclosed a corrected form, downloaded from your web site and signed the document.

Sincerely,

David Cohen  
Vice President  
Unishippers