

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90203 015 ***150.00

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DOCUMENT # P93000002737

1. Entity Name

EXPRESS-LEE YOURS SERVICES, INC.



Principal Place of Business
2109 ILLINOIS AVE.
ENGLEWOOD FL 34224

Mailing Address
2109 ILLINOIS AVE.
ENGLEWOOD FL 34224

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

65-0392506

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

GUNDERSON, MIKO P
% BATSEL MCKINLEY ITTERSAGEN & GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **WORCH, PATRICIA M**
CITY-ST-ZIP **2109 ILLINOIS AVE.**
ENGLEWOOD FL 34224

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GRANGER, ALFRED L**
CITY-ST-ZIP **2109 ILLINOIS AVE.**
ENGLEWOOD FL 34224

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

TITLE ☐ Delete
NAME **D.**
STREET ADDRESS **DOMINEY, MYRON**
CITY-ST-ZIP **1227 TIFT STREET**
PT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CHAMPION, DAVE M**
CITY-ST-ZIP **19916 MIDWAY BLVD**
PORT CHARLOTTE FL 33952

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHAMPION, TERRI L**
CITY-ST-ZIP **19916 MIDWAY BLVD**
PORT CHARLOTTE FL 33948

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

TITLE ☐ Delete
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 REQUIRED
DAVE M CHAMPION

4-15-03

941-627-4484

Date

Daytime Phone #.

CR2E034 (10/02)