

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State
 03-13-2002 90009 009 ***150.00

CR2E034 (9/01)

DOCUMENT # P93000058388

1. Entity Name
THE EXPEDITER, INC.

Principal Place of Business
6667 WHITE DR
W. PALM BEACH FL 33407
US

Mailing Address
6667 WHITE DR
W. PALM BEACH FL 33407
US

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 **65-0431018**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGNUSON, SVEN E
6667 WHITE DR
W. PALM BEACH FL 33407

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D MAGNUSON, SVEN E** ☐ Delete
 STREET ADDRESS **2800 N. FLAGLER DR. #704**
 CITY-ST-ZIP **W. PALM BEACH FL**

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

TITLE
 NAME **ST MAGNUSON, PHYLLIS A** ☒ Delete
 STREET ADDRESS **2800 N FLAGLER DR, #704**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **ST Green, marci** ☐ Change ☒ Addition
 STREET ADDRESS **2100 Wellington Rd**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VP magnuson III, Sven E.** ☐ Change ☒ Addition
 STREET ADDRESS **6357 Pompano St**
 CITY-ST-ZIP **Jupiter FL 33458**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 FEB. 2002 **561 6632220**
 Date Daytime Phone #