

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90103 022 \*\*\*150.00

**DOCUMENT # P94000048965**

1. Entity Name

**MINUTEMAN EXPRESS, INC.**

Principal Place of Business

**SECOND STREET  
 BRISTOL FL 32321**

Mailing Address

**ALPHA P O BOX 787-276  
 BLOUNTSTOWN FL 32407  
 US 32421-0276**

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

**59-3251983**

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

**KIMBREL, JOSEPH L.  
 RT 2 Box 212  
 ALTHA FL 32421**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete  
 NAME **KIMBREL, SAMUEL**  
 STREET ADDRESS **2111 GATCHET ST #101**  
 CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **VD** ☐ Delete  
 NAME **GOODHOLM, CYNTHIA**  
 STREET ADDRESS **12721 NW 202 ST**  
 CITY-ST-ZIP **ALACHUA FL 32815**

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

TITLE **PD** ☐ Delete  
 NAME **KIMBREL, JOSEPH L**  
 STREET ADDRESS **HWY 99 N P.O. Box 776**  
 CITY-ST-ZIP **BLOUNTSTOWN FL 32421 ALTHA FL 32421**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
**JOSEPH L. KIMBREL** 4/27/00 850-674-2575  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)