

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90128 044 \*\*\*150.00

**DOCUMENT # P94000048965**

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



Principal Place of Business  
**SECOND STREET  
BRISTOL FL 32321**

Mailing Address  
**P O BOX 276  
ALTA FL 32421-0276  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3251983**

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

7. Name and Address of New Registered Agent

**KIMBREL, JOSEPH L.  
19885 SR 20 W  
BLOUNTSTOWN FL 32424**

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

TITLE NAME ☒ Change ☐ Addition  
**STD SAMUEL KIMBREL**  
STREET ADDRESS **3334 BISHOP PARK DR. #515**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE NAME ☐ Delete  
**VD GOODHOLM, CYNTHIA**  
STREET ADDRESS **12721 NW 202 ST**  
CITY-ST-ZIP **ALACHUA FL 32615**

TITLE NAME ☒ Change ☐ Addition  
**VD GOODHOLM, CYNTHIA**  
STREET ADDRESS **3627 SW 15 ST.**  
CITY-ST-ZIP **GAINESVILLE FL 32608**

TITLE NAME ☐ Delete  
**PD KIMBREL, JOSEPH L**  
STREET ADDRESS **PO BOX 276**  
CITY-ST-ZIP **ALTA FL 32421**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

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: *Joseph L Kimbrel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03 850-674-2525  
Date Daytime Phone #

CR2E034 (10/02)