## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (URR)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)							FILED Jan 13, 2003 8:00 am			
DOCUMENT # P95000046976  1. Entity Name PROCESS EXPRESS, INC.							Secretary 01-13-2003 90423			
Principal Place of Business 801 GATEWAY LANE TAMPA FL 33613			Mailing Address 801 GATEWAY LANE TAMPA FL 33613					: 	i <b>arir a</b> tik t <b>ra</b> i	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	59-3465140		pplied For ot Applicable	
Zip Country		Zip	Zip Co		у	<b>5.</b> C	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of	of Current Register	ed Agent	<u> </u>		7. N	lame and Address of New Registere	d Agent		
-		•		·	Name					
REEVES,	Sylvia			-			)			
-	WAY LANE				Street Address	(P.O. Bo	ox Number is Not Acceptable)			
TAMPA FL				-				<del></del>		
÷	. 33010			-	City		<b>F</b>	Zip Cod	le	
SIGNATURE	Signature, typed or printed name of reg  ILE NOW!!! FEE IS \$15 r May 1, 2003 Fee will be	50.00	licable. (NOTE	E: Registered	Agent signature requirer	d when rei	9. Election Campaign Financing	\$5.0		
	Payable to Florida Depa	The state of the s				ĺ	Trust Fund Contribution.	Added	d to Fees	
10.	OFFIC	ERS AND DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFICERS AF	NO DIRECTOR	S IN 11	
TITLE	PS	2.10 / 1/12 2.112 2.12	☐ Delete	TITLE		7100	STITUTE OF INCIDENT	☐ Change	Addition	
NAME	REEVES, SYLVIA		LJ Delete					□ Glialige	MODITION	
STREET ADDRESS	801 GATEWAY LANE		NAME STREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33613			CITY-S					1	
TITLE			□ Delete	TITLE				Change	D Addica	
NAME			L Delete	NAME				☐ Change	Addition	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	1					
TITLE	<del>,</del>		☐ Delete	TITLE	<del></del>			Change	☐ Addition	
NAME		·	— Delete	NAME				☐ Change	Addition	
STREET ADDRESS				STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE	17 T 14.		☐ Delete	TITLE	-		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME				NAME	i					
STREET ADDRESS				STREET	ADDRESS					
CITY-ST-ZIP				CITY-S	T-ZIP					
TITLE	. 7/1 \$11		☐ Delete	TITLE		· ·		☐ Change	Addition	
NAME				NAME	1			+ange		
STREET ADDRESS				STREET	ADDRESS					
CITY-ST-ZIP	<u>'</u>			CITY-S	T-ZIP				1	
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME						
STREET ADDRESS				STREET	ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIG