

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090095

1. Entity Name

EXPRESS BUSINESS FUNDING, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90010 032 ***150.00

713819



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
DEL PRADO BLVD CORAL FL 33904	3326 DEL PRADO BLVD #10 CAPE CORAL FL 33904-7236 US

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0633866	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
STEINBERG, PHILIP 3332 DEL PRADO BLVD CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CEO	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STEINBERG, FRED		NAME	STEINBERG, PHANVIKA
12600 ARBUCKLE CT		STREET ADDRESS	12600 ARBUCKLE CT
N FT MYERS FL 33903		CITY-ST-ZIP	N FT MYERS FL 33903
VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MAXWELL BONNIE J.		NAME	
2124 NE VAN LOON TERRACE		STREET ADDRESS	
CAPE CORAL FL		CITY-ST-ZIP	
VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CHURCH, KURT B.		NAME	
2007 VICAYA PKWY		STREET ADDRESS	
CAPE CORAL FL 33990		CITY-ST-ZIP	
P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
O'BANNON CHRIS		NAME	
2707 ARCHER PKWY		STREET ADDRESS	
CAPE CORAL FL 33904		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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:

Phanvika Steinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000

Date

941-945-3863

Daytime Phone #

CR2E034 (9/99)