2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000002895 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** JAY BIRD EXPRESS, INC. 03-03-2000 90195 049 ***150.00 Mailing Address Principal Place of Business 3373 VEGABOND ROAD 3373 VEGABOND ROAD LANTANA FL LANTANA FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0634751 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTTER, SUSAN 3373 VAGABOND ROAD LANTANA FL Zip Code FI City 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. DATE (NOTE. Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME MARTTER, TERRY J NAME STREET ADDRESS 3373 VAGABOND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33462 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME MARTTER, SUSAN NAME STREET ADDRESS 3373 VAGABOND ROAD STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.