2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600003322

TEXAS EXPRESS, INC.

FARM ROAD 721 LABELLE FL 33975

Principal Place of Business

2. Principal Place of Business

ALBERT, PAUL

P.O BOX 3015 250 N LEE ST LA BELLE FL 33975

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

P.O BOX 3015 LA BELLE FL 33975-3015

US

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90175 012 ***150.00



(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Change Delete TITLE TITI F ALBERT, PAUL NAME STREET ADDRESS 11896 GRAND ISLES LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL Addition Delete ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

City

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 the 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 truetee empowered to execute this port 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

SIGNATURE:

Date

Daytime Phone #