

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90013 009 \*\*\*158.75

**DOCUMENT # P96000013210**

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



Principal Place of Business  
**4709 MOBILE HIGHWAY  
PENSACOLA FL 32506**

Mailing Address  
**4709 MOBILE HIGHWAY  
PENSACOLA FL 32506  
US**

2. Principal Place of Business  
**1020 N. 9TH AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1020 N. 9TH AVENUE**  
Suite, Apt. #, etc.

City & State  
**PENSACOLA FL**

City & State  
**PENSACOLA FL**

4. FEI Number  
**59-3358955**

Applied For  
Not Applicable

Zip  
**32501** Country  
**USA**

Zip  
**32501** Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ARMSTRONG, THOMAS M  
4709 MOBILE HIGHWAY  
PENSACOLA FL 32506**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1020 N. 9TH AVENUE**  
City **PENSACOLA** FL Zip Code **32501**

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 *Thomas M. Armstrong* **THOMAS M. ARMSTRONG**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1/2/03**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
KLOSS, WILLIAM  
4709 MOBILE HIGHWAY  
PENSACOLA FL 32506** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTS  
ARMSTRONG, THOMAS M  
8160 BRIESE LANE  
PENSACOLA FL 32514** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: *Thomas M. Armstrong* **THOMAS M. ARMSTRONG VP** 1/2/03 850-444-9673  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)