2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000022728** Jan 14, 2000 8:00 am Secretary of State 1. Entity Name EXPRESS EXPORT, INC. 01-14-2000 90001 008 ***150.00 Mailing Address Principal Place of Business 501-C INDUSTRIAL ST 501-C INDUSTRIAL ST LAKE WORTH FL 33461-3868 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0656233 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATWELL, CHRISTOPHER L Street Address (P.O. Box Number is Not Acceptable) 7541 KINGSLEY COURT LAKE WORTH FL 33467 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ACCOUNTANT Addition TITI F ☐ Delete TITLE ATWELL, NEVILLE G. ATWELL, CHRISTOPHER L NAME NAME 6435 BRANCHWOOD DR. STREET ADDRESS STREET ADDRESS 7541 KNGSLEY COURT CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 FL 33467 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ATWELL, ELIZABETH S NAME NAME 7541 KINGSLEY COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP ... CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change ☐ Addition ☐ Delete TITLE TITLE ATWELL, SUSAN NAME NAME **420 CAMDEN LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete TITLE Addition TITLE 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 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 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 empower 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 any page 15 states. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the receiver of the corporation of the receiver o

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR