

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022728

1. Entity Name  
EXPRESS EXPORT, INC.

Principal Place of Business

501-C INDUSTRIAL ST  
LAKE WORTH FL 33461  
US

Mailing Address

501-C INDUSTRIAL ST  
LAKE WORTH FL 33461  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0656233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATWELL, CHRISTOPHER L  
7541 KINGSLEY COURT  
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2002 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

11. OFFICERS AND DIRECTORS

TITLE P  
NAME ATWELL, CHRISTOPHER L  
STREET ADDRESS 7541 KINGSLEY COURT  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE D  
NAME ATWELL, ELIZABETH S  
STREET ADDRESS 7541 KINGSLEY COURT  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE D  
NAME ATWELL, SUSAN  
STREET ADDRESS 420 CAMDEN LANE  
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☒ Delete

TITLE A  
NAME ATWELL, NEVILLE G  
STREET ADDRESS 6435 BREACHWOOD DR.  
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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 assignee of the corporation; and that I am duly 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 affidavit with all powers like empowered.

SIGNATURE:

*ATWELL*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-02 (561) 588-6535  
Date Daytime Phone #

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90041 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)