

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90771 022 ***150.00

0193945 AV

DOCUMENT # P96000036641

1. Entity Name
EXPEDITER ASSOCIATION SERVICES, INC.



Principal Place of Business
**2343 N.W. 34 WAY
COCONUT CREEK FL 33066
US**

Mailing Address
**2343 N.W. 34 WAY
COCONUT CREEK FL 33066
US**



2. Principal Place of Business

5533 NW 39 Ave.

Suite, Apt. #, etc.

3. Mailing Address

5533 NW 39 Ave.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coconut Crk, FL

Zip
33073

Country

USA

City & State

Coconut Crk, FL

Zip

33073

Country

USA

4. FEI Number

65-0669449

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOSWORTH, EARL F
2343 N.W. 34 WAY
COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name **Earl F. Bosworth**

Street Address (P.O. Box Number is Not Acceptable)
5533 NW 39 Ave.

City **Coconut Crk** FL Zip Code **33073**

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

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

Earl F. Bosworth
(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

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

TITLE **D** ☐ Delete
NAME **BOSWORTH, EARL F IV**
STREET ADDRESS **2343 N.W. 34 WAY**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **D** ☐ Delete
NAME **BOSWORTH, LISA I**
STREET ADDRESS **2343 NW 34 WAY**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Bosworth, Earl F. IV**
STREET ADDRESS **5533 NW 39 Ave.**
CITY-ST-ZIP **Coconut Crk, FL 33073**

TITLE ☒ Change ☐ Addition
NAME **Bosworth, Lisa I.**
STREET ADDRESS **5533 NW 39 Ave.**
CITY-ST-ZIP **Coconut Crk, FL 33073**

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03 984/571-1776
Date Daytime Phone #

CR2E034 (10/02)