

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000086948

1. Entity Name

D.T. EXPRESS, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90099 019 \*\*\*150.00

Principal Place of Business

14281 HOWARD BLVD.  
 KATHLEEN FL 33849

Mailing Address

P.O. BOX 286  
 ZEPHYRHILLS FL 33539-0286

2. Principal Place of Business

3. Mailing Address

14281 Howard Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kathleen, FL

Zip

Country

Zip

Country

33849

Polk

4. FEI Number

59-3435516

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALYERS, DELLA  
 14281 HOWARD BLVD.  
 KATHLEEN FL 33849

Name

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

14281 Howard Blvd.

City

Kathleen

FL

Zip Code

33849

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALYERS, DALLA 37303 CHANCY RD ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALYERS, THOMAS 37303 CHANCY RD ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Salyers, Thomas 14281 Howard Blvd Kathleen, FL 33849	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Keen, Melissa 644 Glenmar Ct. NE Kennesaw, GA 30144	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melissa Keen

4/25/2000