

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008755

1. Entity Name

EXPRESS TRUCKING, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90147 049 ***150.00

Principal Place of Business

Mailing Address

11601 4TH ST N. APT 415
ST PETERSBURG FL 33716

11601 4TH ST N. APT 415
ST PETERSBURG FL 33543-6577

2. Principal Place of Business

3. Mailing Address

1702 Firewheel Dr

Express Trucking, Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Wesley Chapel

1702 Firewheel Dr

City & State

City & State

FL

Wesley Chapel, FL

Zip

Country

Zip

Country

33543

U.S.A

33543

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3422829

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARADO, MIGUEL A
11601 4TH ST N, APT 415
ST PETERSBURG FL 33716

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, 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 ☐ Delete
NAME D
STREET ADDRESS ALVARADO, MIGUEL A
CITY-ST-ZIP 11601 4TH ST N, APT 415
ST PETERSBURG FL 33716

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALVA, ALFONSO E
CITY-ST-ZIP 11601 4TH ST N, APT 415
ST PETERSBURG FL 33716

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 I am empowered.

SIGNATURE: SIGNATURE MIGUEL A. ALVARADO 4/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CE 1034 (9/99)