

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90014 033 ***150.00

DOCUMENT # P97000035717

1. Entity Name
SYSTEMS EXPRESS, INC.

Principal Place of Business

18611 SW 61ST CT
FT LAUDERDALE 33332
US

Mailing Address

P O BOX 822 498
SUITE D
SO FLORIDA FL 33082-2498
US

2. Principal Place of Business

8548 WALDEN GLEN DR

3. Mailing Address

8548 WALDEN GLEN DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State JACKSONVILLE FL

City & State JACKSONVILLE FL

Zip 32256

Country

Zip 32256

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749632

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

SHIM, SUSAN K
18611 SW 61 ST CT
FT LAUDERDALE FL 33332

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 SUSAN K SHIM

(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/01

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, 2001 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 PSTD
NAME SHIM, SUSAN K
STREET ADDRESS 18611 SW 61ST CT
CITY-ST-ZIP FT LAUDERDALE FL 33332 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/01

904-519-7951

CR2E034 (10/00)