

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040960

1. Entity Name

EXPRESS INSURANCE AND TAX SERVICE, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90056 014 \*\*\*158.75

Principal Place of Business

445-26 STATE RD 13, SUITE 412  
JACKSONVILLE FL 32259

Mailing Address

445-26 STATE RD 13, SUITE 412  
JACKSONVILLE FL 32259

2. Principal Place of Business

4161 N.W. 5 Street  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5347  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Fort Lauderdale, FL

4. FEI Number

59-3455547

Applied For

Not Applicable

Zip

Country

33317

US

Zip

Country

33310

US

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KLUBA, ROBERT J  
445-26 STATE RD 13, SUITE 412  
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

Samuel A. Milne

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

4161 N.W. 5 Street

City

Plantation

FL

Zip Code

33317

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

TITLE D  
NAME KLUBA, ROBERT J  
STREET ADDRESS 445-26 STATE RD 13, SUITE 412  
CITY-ST-ZIP JACKSONVILLE FL 32259

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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 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:

Michele V. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)  
581-9993

CR2E034 (9/99)

**EXPRESS INSURANCE AND TAX SERVICE, INC.**  
**DOCUMENT #P97000040960**  
**ATTACHMENT**

713437

#P97000040960

**Officers & Directors**

- |    |   |    |
|----|---|----|
| 1. | Robert J. Kluba<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317     | P  |
| 2. | Joseph A. Epstein<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317   | SD |
| 3. | Michele V. Lawson<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317   | TD |
| 4. | Edward J. Lawson<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317    | D  |
| 5. | Ronald A. Raymond<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317   | D  |
| 6. | Carla L. Leonard<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317    | D  |
| 7. | Bruce F. Simberg<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317    | D  |
| 8. | Patrick D. Doyle<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317    | D  |
| 9. | Wallace J. Hilliard<br>4161 N.W. 5 <sup>th</sup> Street<br>Plantation, FL 33317 | D  |