

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90972 006 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80057525

DOCUMENT # P97000040960 1. Entity Name EXPRESS INSURANCE AND TAX SERVICE, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4161 NW 5 Street		3. Mailing Address P.O. Box 407193	
Suite, Apt, #, etc.		Suite, Apt, #, etc.	
City & State Plantation, FL		City & State Fort Lauderdale, FL	
Zip 33317		Country U.S.	
Zip 33340		Country U.S.	
4. FEI Number 59-3455547		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name JAMES A. EPSTEIN			
Street Address (P.O. Box Number is Not Acceptable) 4161 NW 5 Street			
City Plantation		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 <u>James A. Epstein</u> <small>Signature, typed or printed named of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
President, Director Kluba, Robert J. 4161 NW 5 Street Plantation, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Secretary Epstein, James A. 4161 NW 5 Street Plantation, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Treasurer, Director Lawson, Michele V. 4161 NW 5 Street Plantation, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Director Lawson, Edward J. 4161 NW 5 Street Plantation, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Director Simberg, Bruce 4161 NW 5 Street Plantation, FL 33317			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(l), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Michele V. Lawson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3/20/02</u> Daytime Phone # <u>(954) 581-9993</u>	

CR2E034B (12/01)