

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060336

Entity Name

& R EXPRESS, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90129 013 ***150.00

Principal Place of Business Mailing Address
1001 BLVD., STE. 362 9926 BEACH BLVD., STE.-362
JACKSONVILLE FL 32216 JACKSONVILLE FL 32246-4706

00020688



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
Apt. #, etc. Suite, Apt. #, etc.
City & State

4. FEI Number 59-3465356 Applied For, Not Applicable

Country Zip Country

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

GUPTON, C.J.
11127 LEM TURNER RD.
JACKSONVILLE FL 32218

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

If 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D		TITLE	
MADSEN, R.		NAME	
9926 BEACH BLVD., STE. 362		STREET ADDRESS	
JACKSONVILLE FL 32216		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
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<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	

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 stated 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:

Rich Madsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-00 904-721-5202

CR2E034 (9/99)