2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700067870**

Entity Name

EXPRESS COMMUNICATION MANAGEMENT, INC.

changed, or on an attachment with an address

SIGNATURE:

withall other like empowered

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business Mailing Address 9269 PARK BOULEVARD 5209 PARK BOULEVARD **FAAO9TOA** SEMINOLE FL 33777-4138 SEMMOLE FL 33777 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3461965 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Name GROSS, ALAN M Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA, BARNETT TOWER **SUITE 1210** ST. PETERSBURG FL 33701 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE SCHAFFER, PHYLLIS B NAME NAME STREET ADDRESS STREET ADDRESS 9269 PARK BOULEVARD CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 Pess. SEC. Change **★** Addition ☐ Delete TITLE SCHAFFER NAME ROLER NAME STREET ADDRESS 9269 PARK BUDD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33 777 INOLE ☐ Delete V.PRES. ☐ Change 🗹 Addition TITLE TITLE JUEL SCHAFFER 9269 PARK BLUD NAME JUEL NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE 33777 ☐ Change XI Addition ☐ Delete TITLE TITLE V.PRES. UANLAND INGTON NAME NAME KEN STREET ADDRESS STREET ADDRESS PARK BLUD CITY-ST-ZIP CITY-ST-ZIP 33777 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

May 05, 2000 8:00 am Secretary of State

CR2E034 (9/99)

05-05-2000 90074 021 ***150.00