

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90221 012 \*\*\*150.00

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**DOCUMENT # P97000084855**

1. Entity Name

RESOURCE EXPRESS INC.



Principal Place of Business

331-3 PARKRIDGE AVENUE  
ORANGE PARK FL 32065  
US

Mailing Address

331-3 PARKRIDGE AVENUE  
ORANGE PARK FL 32065  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471424

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HUFF, PATRICIA A  
331-3 PARKRIDGE AVENUE  
ORANGE PARK FL 32065

7. Name and Address of New Registered Agent

Name Bert E. French, Jr.

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

331-3 Parkridge Ave  
City Orange Park FL Zip Code 32065

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bert E. French Jr.*  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME POD  
HUFF, PATRICIA A. ☒ Delete  
STREET ADDRESS 331-3 PARKRIDGE AVE  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE NAME POD  
French, Bert E. Jr. ☒ Change ☐ Addition  
STREET ADDRESS 331-3 Parkridge Ave  
CITY-ST-ZIP Orange Park FL 32065

TITLE NAME VOD  
FRENCH, BERT E JR. ☐ Delete  
STREET ADDRESS 331-3 PARKRIDGE AVE  
CITY-ST-ZIP ORANGE PARK FL 32065

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

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bert E. French Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)