

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90038 022 ***150.00

DOCUMENT # P98000005565

1. Entity Name
RTD EXPRESS, INC.

Principal Place of Business

Mailing Address

**1015 GOULD PLACE
 OVIEDO FL 32765**

**1015 GOULD PLACE
 OVIEDO FL 32765**

2. Principal Place of Business

105 Thunberg Cove
 Suite, Apt. #, etc.

3. Mailing Address

105 Thunberg Cove
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Winter Springs FL

City & State
Winter Springs, FL

4. FEI Number **59-3487310**

Applied For
 Not Applicable

Zip **32708** Country

Zip **32708** 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

**CLAXTON, RICHARD L JR
 1015 GOULD PLACE
 OVIEDO FL 32765**

Name **Claxton, Richard L Jr.**

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

105 Thunberg Cove

City **Winter Springs** **FL** Zip Code **32708**

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 **Richard L. Claxton Jr.** **Richard L. Claxton Jr. Pres.** **4/22/01**
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CLAXTON, RICHARD L JR**
 STREET ADDRESS **1015 GOULD PLACE**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **President** ☒ Change ☐ Addition
 NAME **Richard Claxton**
 STREET ADDRESS **105 Thunberg Cove**
 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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)(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: **Richard L. Claxton Jr.** **4/22/01** **407 851-3034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)