

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90179 046 ***150.00

DOCUMENT # P98000006656

1. Entity Name

EXPRESS SHOP II, INC.

Principal Place of Business

**5922 TURKEY LAKE ROAD
ORLANDO FL 32819**

Mailing Address

**5922 TURKEY LAKE ROAD
ORLANDO FL 32819**

2. Principal Place of Business

EXPRESS SHOP

3. Mailing Address

EXPRESS SHOP

Suite, Apt. #, etc.

13800 S. GREATER HILLS

Suite, Apt. #, etc.

4701 S. SEMORAN BLVD

City & State

CLEARMONT, FL

City & State

ORLANDO, FL

4. FEI Number

59-3486954

Applied For

☐ Not Applicable

Zip

34711

Country

Zip

32822

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**REDDY, MEGHAJ
5922 TURKEY LAKE ROAD
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2002 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

TITLE **PD**
NAME **REDDY, DAYAKAR K**
STREET ADDRESS **5922 TURKEY LAKE ROAD**
CITY-ST-ZIP **ORLANDO FL 32819**

☐ Delete

TITLE **STD**
NAME **REDDY, KUCHAKULLA N**
STREET ADDRESS **1040 SW 2 AVE**
CITY-ST-ZIP **OCALA FL 34474**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **MEGHAJ REDDY .K**
STREET ADDRESS **7614 CLEMENTINE WAY**
CITY-ST-ZIP **ORLANDO, FL - 32819**

☐ Change

☒ Addition

TITLE
NAME **D LAKSHMI C PRASANNA**
STREET ADDRESS **7614 CLEMENTINE WAY**
CITY-ST-ZIP **ORLANDO, FL - 32819.**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/02

407-701-7763

CR2E034 (9/01)