

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023118

1. Entity Name

DEAD RIVER EXPRESS CORP.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90058 018 \*\*\*158.75

Principal Place of Business

439 SOUTH DUNCAN DRIVE  
TAVARES FL 32778

Mailing Address

10261 W BROWARD BLVD  
PLANTATION FL 33324-2114

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

59-3498361

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

COSTELLO, JAMES J JR  
10261 W BROWARD BLVD  
PLANTATION FL 33324

## 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, 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

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTELLO, JAMES J JR 700 NW 100 TERR PLANTATION FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK, KEVIN C 13030 NW 5TH ST PLANTATION FL 33325	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, JEREL M 900 GROVEMERE LOOP OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COSTELLO, JAMES J JR 6801 NW 6TH CT PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

*James J Costello Jr.* 3/21/00 954 423 9030

CR2E034 (9/99)