

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90270 041 \*\*\*150.00

**DOCUMENT #** P90000032249  
1. Entity Name Express Messenger Service, INC

Principal Place of Business 3423 Lake  
201 S. Orange Ave # 200  
Orlando, FL 32801

2. Principal Place of Business 201 S. Orange Ave #200  
Suite, Apt. #, etc. # 200

City & State Orlando, FL  
Zip 32801 Country USA

3. Mailing Address 201 S. Orange Ave  
Suite, Apt. #, etc. # 200

City & State Orlando, FL  
Zip 32801 Country USA

4. FEI Number 65-0210297  
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
Suzanne Kaltbaum  
257 New Gate Loop  
Heathrow, FL 32746

7. Name and Address of New Registered Agent  
Name Suzanne Kaltbaum  
Street Address (P.O. Box Number is Not Acceptable) 257 New Gate Loop  
City Heathrow FL 32746

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] DATE 04/01/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>vice president</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Margaret McGuire</u>	
STREET ADDRESS	<u>7784 La Mirada Dr.</u>	
CITY-ST-ZIP	<u>Boca Raton FL 33433</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>president</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Suzanne Kaltbaum</u>	
STREET ADDRESS	<u>257 New Gate Loop</u>	
CITY-ST-ZIP	<u>Heathrow FL 32746</u>	
TITLE	<u>vice president</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Gary Kaltbaum</u>	
STREET ADDRESS	<u>257 New Gate Loop</u>	
CITY-ST-ZIP	<u>Heathrow, FL 32746</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **407**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Keene **804-0366**  
Date 04/01/01 Daytime Phone # 407 804-0366

CR2E034 (11/00)