## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P98000055576

1. Entity Name

CIMY EXPRESS, INC.



## **FILED** Mar 12, 2003 8:00 am & Secretary of State

03-12-2003 90117 043 \*\*\*150.00

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City & State	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	GHANGES	;	
St. Name and Address of Current Registered Agent  Fee Required  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  City  FL  Zip Code  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  The Street Address of New Registered Agent  Name  Street Address of New Registered Agent  The Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  The Street Address of New Registered Agent  Name  Street Address of New Registered Agent  The Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  The Name  The Name  Street Address of New Registered Agent  The Name  The	City & State		City & State		4. FEI Number 65-0854804	- II	··	
ROBISON, LINDA R 6450 PINE AVE SANIBEL FL 33957  City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligators of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ITIE  NAME SIRET ADDRESS  OITY-S1-2P  FORT MYERS FL 33908  ITIE  APPIDUS, CHRISTINE  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS AND DIRECTORS  SIRET ADDRESS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS  OITY-S1-2P  TIPE  APPIDUS, DAVID  ORIGINATION OFFICERS  OITY-S1-2P  OITY-S1-2P  TIPE  OITY-S1-2P  TIP	Zip	Country	Zip	Country		5. Certificate of Status Desired	<b>\$8.75</b> Ad	ditional
ROBISON, LINDA R 6450 PINE AVE SANIBEL FL 33957  City FL ZP Code  1. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  System, viscol or prises who displayed agent and the it applicable.  FILE NOW!!! FEE IS \$150.00  - After May 1, 2003 Fee will be \$550.00  MAC Check Payable to Florida Department of State  10.		6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered		
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)					Name	المسترحة عبسات المالية		•
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. It am familiar with, and accept the obligations of registered agent.    Signalum. Speed or private name of registered agent with a registered Agent segment required when revealing)				Street Address		P.O. Box Number is Not Acceptable)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	SANIBEL	FL 33957		· [				
THE NOW. Payable to Floridad name of registered agent and title 3 applicable. (NOTE: Registered Agent signature required when restricting)  ** FILE NOW. PEE IS \$150.00  ** After May 1, 2003 Fee will be \$550.00  ** Make Check Payable to Floridad Department of State  10.					City	FL	Zip Coc	de l
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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:**