

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063860

1.

Entity Name

EXPRESS SMALL BUSINESS FUNDING, INC.

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90053 049 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 17595 S. TAMAMI TR. STE 204 FORT MYERS FL 33908		Mailing Address 17595 S. TAMAMI TR. STE 204 FORT MYERS FL 33908	
2. Principal Place of Business <i>17595 S. TAMAMI TRL 204</i>		3. Mailing Address <i>17595 S. TAMAMI TRAIL</i>	
Suite, Apt. #, etc. 200-4		Suite, Apt. #, etc. 200-4	
City & State FT MYERS FL		City & State FORT MYERS FL	
Zip 33908	Country LEE	Zip 33908	Country LEE

4. FEI Number 65-0853153	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, S R 17595 S. TAMAMI TR. SUITE 204 FORT MYERS FL 33908				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <small>(See criteria on back)</small>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, S R 17595 S TAMAMI TR SUITE 204 FORT MYERS FL 33908		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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, without other like empowered.

SIGNATURE:

Shawn S. Moore 04-18-02 941-454-4269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)