

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088449

1. Entity Name

EXPRESS FINANCIAL SERVICES, INC.

Principal Place of Business

9270 BAY PLAZA BLVD., #608A  
TAMPA FL 33619

Mailing Address

9270 BAY PLAZA BLVD., #608A  
TAMPA FL 33619

2. Principal Place of Business

11007 W 56<sup>TH</sup> ST

3. Mailing Address

11007 W 56<sup>TH</sup> ST

Suite, Apt. #, etc.

Suite 211

Suite, Apt. #, etc.

Suite 211

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip

33617

Country

Hillsborough

Zip

33617

Country

Hillsborough

6. Name and Address of Current Registered Agent

BISSET, JERRY

4033 WATERCORE DR  
RIVERVIEW FL 33569

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.

FOR CHANGE OF ADDRESS.

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, 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 D  
NAME WALKER, ERON V  
STREET ADDRESS 5724 HARBORSIDE DR.  
CITY-ST-ZIP TAMPA FL 33615 ☐ Delete

TITLE D  
NAME BISSETT, JERRY D  
STREET ADDRESS 4033 WATERCORE DR.  
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME WALKER, ERON V.  
STREET ADDRESS 18826 Duquesne Dr  
CITY-ST-ZIP TAMPA, FL 33647 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90024 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)