

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91154 034 ***150.00

DOCUMENT # **P98000099138**

1. Entity Name

Expense Express, Inc.

Principal Place of Business

Mailing Address

**2808 Sanders Drive
 Tampa FL 33611**

**2808 Sanders Drive
 Tampa FL 33611**

768866

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547506

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Branagan, Brian
 2808 Sanders Drive
 Tampa FL 33611**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D BRANAGAN, BRIAN**
 STREET ADDRESS **2808 Sanders Drive**
 CITY-ST-ZIP **Tampa FL 33611**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change 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, and that the information indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report is changed, or on an attachment with an address, with all other information

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same legal effect as if made under oath that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

[Handwritten Signature]

**4/20/01 813
 220-1968**

CR2E034 (11/00)