DII DD

2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P99000015247 1. Entity Name EXPRESS PAGE IV, INC. | | | | Sep 21, 2000 8:00 am Secretary of State 09-21-2000 90003 035 ***558.75 |
|---|---|---|---------------------------------------|---|
| Principal Place of Business | | Mailing Address | | |
| 997 E. MEMORIAL BLVD. STE. 102 LAKELAND FL 33801 | | 997 E. MEMORIAL BLVD. STE. 102 LAKELAND FL 33801 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE |
| City & State | | City & State | | 4. FEI Number Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Re | egistered Agent | | 7. Name and Address of New Registered Agent |
| nguyen, zung 997 e. Memorial Blvd. Ste. 102 | | | Street A | Patrick Wi Hawes SRI Address (P.O. Box Number is Not Acceptable) |
| LAK | ELAND FL 33801 | | 332 City | 321 River Cove Dr. |
| 8. The above named entity submits this patement for the purpose of changing its register | | | | Tampa FL Zip Code 33614 |
| o. Inc above | ramed entity addring this statement for t | 1 1 | gistered billice of | or registered agent, or point, in the state of Florida. |
| SIGNATURE Signature, typed or printing 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!!! After SEPTEMBER 13, Make Check Payable | | | 2000 Mln. will | ill be \$750.00 Trust Fund Contribution Added to Fore |
| 11. | OFFICERS AND DI | IRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE | DP | Delete | TITLE | Patrick W. Hawes B Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | nguyen, zung 997 e. Memorial BLVD. Ste. 1 Lakeland fl 33801 | 02 | NAME STREET ADDRESS CITY-ST-ZIP | 1 1000 c 14 1 1 Bl.d. St5 102 |
| TITLE NAME | V HAWES, PATRICK | ☐ Delete | TITLE NAME | |
| STREET ADDRESS CITY-ST-ZIP | 997 E. MEMORIAL BLVD. STE. 1 LAKELAND FL 33801 | 02 | STREET ADDRESS CITY-ST-ZIP | Maira G. Hawes Change & Addition 8 997 E. Memrial Blod StE. 102 Lakeland, Fl 33801 [T5]. |
| TITLE NAME | T NGUYEN, CUONG V | ⊠ Delete | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 997 E. MEMORIAL BLVD. STE. 1 LAKELAND FL 33801 | 02 | STREET ADDRESS CITY-ST-ZIP | S |
| TITLE NAME | S CALLEY, KEVIN | Delete | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 997 E. MEMORIAL BLVD. STE. 1 | 02 | STREET ADDRESS CITY-ST-ZIP | S . |
| TITLE | LAKELAND FL 33801 | ☐ Delete | TITLE | · Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | | ; | NAME STREET ADDRESS CITY-ST-ZIP | S |
| TITLE | | ☐ Oelete | TITLE | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | 3 |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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:

NG OFFICER OR DIRECTOR