

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-08-2000 90026 013 ***150.00

DOCUMENT # P99000030803

1. Entity Name

EXPRESS DESK, INC.

Principal Place of Business

12951 49TH STREET NORTH
 CLEARWATER FL 33762

Mailing Address

12951 49TH STREET NORTH
 CLEARWATER FL 33762-4014

2. Principal Place of Business

3. Mailing Address

12855 Daniel Drive #B **12855 Daniel Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#B

#B

City & State

City & State

Clearwater, FL

Clearwater FL

Zip

Country

Zip

Country

33762

Pinellas

33762

Pinellas

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3576765

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 2000 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	<input type="checkbox"/> Delete
NAME	ETMAN, DOUGLAS	
STREET ADDRESS	12951 49TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, FLORENCE L	
STREET ADDRESS	12951 49TH STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ETMAN, Douglas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12855 Daniel Drive #B	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		
TITLE	Flora Leclair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12855 Daniel Drive #B	
STREET ADDRESS	Clearwater, FL 33762	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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. 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

Douglas Etman **4/24/00** **(727) 299-9332**

Date

Daytime Phone #