

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Jun 23, 2000 8:00 am
Secretary of State

05-26-2000 90089 001 ***158.75

DOCUMENT # P99000038744

1. Entity Name

CGD EXPRESS, INC.

R

Principal Place of Business

740 ARKANSAS STREET
CLEWISTON FL 33440-1791

Mailing Address

P.O. BOX 1791
CLEWISTON FL 33440-1791

2. Principal Place of Business

704 Arkansas Ave.

3. Mailing Address

P.O. Box 1791

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clewiston, FLA.

City & State

Clewiston, FLA.

4. FEI Number

65-0921318

☒ Applied For
☐ Not Applicable

Zip

33440

Country

Henry

Zip

33440

Country

Henry

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAY, LOIS
104 SW 3RD AVE
OKEECHOBEE FL 34974

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.

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 DPS
NAME GILBERT, CLIFFORD ☒ Delete
STREET ADDRESS 740 ARKANSAS STREET
CITY-ST-ZIP CLEWISTON FL 33440-1791

TITLE DVT
NAME GILBERT, DIANE ☒ Delete
STREET ADDRESS 740 ARKANSAS STREET
CITY-ST-ZIP CLEWISTON FL 33440-1791

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPS ☒ Change ☐ Addition
NAME Gilbert Clifford
STREET ADDRESS 704 Arkansas Ave. P.O. Box 1791
CITY-ST-ZIP Clewiston, FLA. 33440

TITLE DVT ☒ Change ☐ Addition
NAME Gilbert, Diane
STREET ADDRESS 704 Arkansas Ave. P.O. Box 1791
CITY-ST-ZIP Clewiston, FLA. 33440

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

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

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

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. 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: Clifford Gilbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-00

Date

863-983-3742

Daytime Phone #

CR2-034 (9/99)