2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # **P99000061012**

1. Entity Name
EXPRESS TIME II, INC.

Principal Place of Business		Mailing Address	
PO BOX 1123		PO BOX 1123	
CAPE CANAVERAL	FL	CAPE CANAVERAL	FL
32920		32920	

2. Principal Place of Business	3. Mailing Address
8105 CANAVERAL BLVD.	8105 CANAVERAL BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CANAVERAL FL	City & State: CAPE CANAVERAL FL
Zip: 32920 / Country:	Zip: 32920 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACSON PAUL	Name: GULICK MICHAEL W
110 POLK AVE	Street Address (P.O. Box Number is Not Acceptable): 8105 CANAVERAL BLVD.
CAPE CANAVERAL FL	City: CAPE CANAVERAL **FL** Zip Code: 32920
32920 US	

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 **MICHAEL W. GULICK** **04/27/2000**
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES / GULICK MICHAEL W / 8105 CANAVERAL BLVD. / CAPE CANAVERAL FL 32920	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Michael W. Gulick Pres 04/27/2000