

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068891

1. Entity Name

EXPRESS TAX SERVICE, INC.

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90282 041 ***158.75

Principal Place of Business

4161 N.W. 5 STREET
PLANTATION FL 33317

Mailing Address

P.O. BOX 5347
FORT LAUDERDALE FL 33310

2. Principal Place of Business

3. Mailing Address

P.O. BOX 407193

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FL. Lauderdale, FL

Zip

Country

Zip

Country

33340

U.S.

4. FEI Number 65-0946178

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

MILNE, SAMUEL A
4161 N.W. 5 STREET
PLANTATION FL 33317

Name James A. Epstein

Street Address (P.O. Box Number is Not Acceptable)
4161 N.W. 5th Street

City Plantation FL Zip Code 33317

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	P	<input type="checkbox"/> Delete
NAME	KLUBA, ROBERT J	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EPSTEIN, JOSEPH A	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWSON, MICHELE V	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, EDWARD J	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAYMOND, RONALD A	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONARD, CARLA L	
STREET ADDRESS	4161 N.W. 5 STREET	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce F. Simberg	
STREET ADDRESS	4161 NW 5 Street	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wallace J. Hilliard	
STREET ADDRESS	4161 NW 5 Street	
CITY-ST-ZIP	Plantation, FL 33317	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. McNally	
STREET ADDRESS	4161 NW 5 Street	
CITY-ST-ZIP	Plantation, FL 33317	
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

Robert J. Kluba

Date

Daytime Phone #

1-24-01 262-0031

CR2E034 (10/00)