

2000 UNIFORM BUSINESS REPORT (UBR)

2/20/00-2001/1-004-\$150.00-\$150.00

DOCUMENT # P99000069850

1. Entity Name

CONDO EXPRESS, INC.

FILED

00 MAR 23 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1513 SR 559, #206
POLK CITY FL 33868

Mailing Address

1513 SR 559, #206
POLK CITY FL 33868

2. Principal Place of Business

3. Mailing Address

P.O. Box 537

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POLK CITY, FL

Zip

Country

Zip

Country

33868

USA

4. FEI Number

59-3436451

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

MILICAN, SUSAN
1513 SR 559, #206
POLK CITY FL 33868

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUSAN MILICAN
P.O. Box 537
1513 SR 559 #206
POLK CITY, FL 33868 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
SUSAN E. MILICAN
PO Box 537
POLK CITY FL 33868 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES TONY MILICAN
P.O. Box 537
1513 SR 559 #206
POLK CITY, FL 33868 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE President
JAMES TONY MILICAN
PO Box 537
POLK CITY FL 33868 ☐ 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

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

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: Susan E. Millican
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-2000

863-206-5592

Date

Daytime Phone #

James Tony Millican

3-16-2000

100001250000