

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069850

1. Entity Name
CONDO EXPRESS, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90020 021 ***150.00

Principal Place of Business

1513 SR 559, #206
POLK CITY FL 33868

Mailing Address

P.O. BOX 537
POLK CITY FL 33868

New

2. Principal Place of Business

6225 Buck FEVER RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO BOX 537

City & State

POLK city FL

City & State

POLK city FL

Zip

Country

33868

POLK

Zip

Country

33868

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

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

*6225 Buck FEVER RD
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, 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	MILLICAN, SUSAN E	
STREET ADDRESS	P.O. BOX 537	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLICAN, JAMES TONY	
STREET ADDRESS	P.O. BOX 537	
CITY-ST-ZIP	POLK CITY FL 33868	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James T. Millican*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES T. MILLICAN

3-5-2001 863 206 5392

Date

Daytime Phone #

CR2E034 (10/00)