


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 005 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000076358	
1. Entity Name MEDITRAN EXPRESS, INC.	

Principal Place of Business 12600 BELCHER ROAD SOUTH, #106-I LARGO, FL 33773 <i>see #2 below</i>	Mailing Address 12600 BELCHER ROAD SOUTH, #106-I LARGO, FL 33773 <i>see #3 below</i>
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2. Principal Place of Business 2930 166th Ave. N. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 17041 Suite, Apt. #, etc.
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City & State Clearwater, FL	City & State Clearwater, FL
Zip 33760	Country USA
Zip 33762-0041	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3592520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABRECQUE, EDWARD C 1202 NEBRASKA AVE. PALM HARBOR, FL 34683	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGEN, SUSAN L 2930 166TH AVE. CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan L. Degen (Susan L. Degen) 04/28/03 727-533-8975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)