

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT

1. Entity Name **P99000097932**

M & C EXPRESS SERVICES INC.

Principal Place of Business

Mailing Address

**2208 PINNACLE CIR S
PALM HARBOR FL 34684**

22

2. Principal Place of Business

19321-C US HWY 19 N

3. Mailing Address

19321-C US HWY 19 N

Suite, Apt. #, etc.

STE 601

Suite, Apt. #, etc.

STE 601

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33764

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-3607721

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

Name

MAREK ZDZIESZYNSKI

Street Address (P.O. Box Number is Not Acceptable)

19321-C US HWY 19N

STE 601

City

CLEARWATER

FL

Zip Code

33764

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]

10/23/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MAREK ZDZIESZYNSKI
2208 PINNACLE CIRCLE SOUTH
PALM HARBOR FL 34684

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800003460108-0
-11/13/00-01006-007
******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

10/23/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

2062

October 23rd, 2000

**Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314**

**RE: M & C Express Services Inc.
P99000097932**

To Whom It May Concern,

Please be advised that we did not received the initial UBR form from you. We ask that, you accept this form together with the check . We respectfully request, that you wave any applicable penalties.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

Marek Zdieszynski
President
M & C Express Services, Inc.