

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90197 011 ***150.00

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1. Entity Name
CONSOLIDATED PERSONNEL CORP.

CPC Logistics Inc.

Principal Place of Business
**14528 SOUTH OUTER 40 RD., STE 210
CHESTERFIELD MO 63017**

Mailing Address
**14528 SOUTH OUTER 40 RD., STE 210
CHESTERFIELD MO 63017**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **43-1412670**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. 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 \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BICKEL, JOHN T
14528 SOUTH OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CROWELL, DOUGLAS J
14528 SOUTH OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Harold B** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LEGAR, DANIEL H
14528 SOUTH OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Harold B. Wallis, Jr.
10929 Crabapple Rd., Ste. 203
Roswell, GA 30075-3093** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
DOWELL, JOHN H
14528 SOUTH OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MOROSKI, DANIEL B
14528 SOUTH OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**10929 Crabapple Rd., Ste. 203
Roswell, GA 30075-3093** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOYICH, ROBERT J
14528 S OUTER 40 ROAD, STE 210
CHESTERFIELD MO** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5100 California Ave., Ste. 232
Bakersfield, CA 93309** ☒ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL H. LEGAR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/03
Date

(314) 821-1770
Daytime Phone #

CR2E034 (10/02)