

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000445

1. Entity Name

NATIONAL LOGISTICS SERVICES, L.L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11407 CRONHILL DRIVE
OWINGS MILLS MD 21117

Mailing Address

11407 CRONHILL DRIVE
OWINGS MILLS MD 21117-6218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2063341

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM GILLUM, RICHARD C
STREET ADDRESS 212 N. ANN ARBOR
CITY- ST- ZIP OKLAHOMA CITY OK 73127 ☐ Delete

TITLE NAME MGRM BUCK, STEVEN W
STREET ADDRESS 11407 CRONHILL DRIVE
CITY- ST- ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE NAME MGRM DECARLO, JAMES P
STREET ADDRESS 11407 CRONHILL DRIVE
CITY- ST- ZIP OWINGS MILLS MD 21117 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Delete
STREET ADDRESS 500003119945--3
CITY- ST- ZIP -02/01/00--01148--020

TITLE NAME ☐ Change ☐ Delete
STREET ADDRESS *****55.00
CITY- ST- ZIP

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James P. Decarlo* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-14-00

410-581-1800