2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90027 022 ***150.00

DOCUMENT # P94000050414

1. Entity Name

COGISTICS, INC.

834979

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5151 SOUTH LAKELAND DRIVE SUITE 3 LAKELAND FL 33813	5151 SOUTH LAKELAND DRIVE SUITE 3 LAKELAND FL 33811-1360

2. Principal Place of Business	3. Mailing Address
2525 DRANE FIELD ROAD	2525 DRANE FIELD ROAD
Suite, Apt. #, etc.: SUITE 4	Suite, Apt. #, etc.: SUITE 4
City & State: LAKELAND, FL 88311	City & State: LAKELAND, FL 33811
Zip: 33811 Country: USA	Zip: 33811 Country: USA

4. FEI Number 38-2971655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OBERHOFER, RAYMOND A
5151 SOUTH LAKELAND DRIVE
SUITE 3
LAKELAND FL 33081-3

7. Name and Address of New Registered Agent

Name: OBERHOFER, RAYMOND A
Street Address (P.O. Box Number is Not Acceptable): 2525 DRANE FIELD
SUITE 4
City: LAKELAND **FL** Zip Code: 33811

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPTS OBERHOFER, RAYMOND A 3407 BRIDGEFIELD DR. LAKELANDL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBERHOFFER, MARIE 3407 BRIDGEFIELD DR. LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBERHOFER, JOHN C 4204 DERBY DR LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OBERHOFER, JOHN C 2274 CHESTERFIELD CIRCLE LAKELAND FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Raymond A Oberhofer 04/10/2000 863-647-9389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #