2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90190 050 ***150.00

DOCUMENT # P94000050414

1. Entity Name
COGISTICS, INC.

Principal Place of Business	Mailing Address
2525 DRANE FIELD ROAD STE 4 LAKELAND FL 33811	2525 DRANE FIELD ROAD STE 4 LAKELAND FL 33811

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2525 DRANE FIELD ROAD	2525 DRANE FIELD ROAD
Suite, Apt. #, etc. STE 25	Suite, Apt. #, etc. STE 25
City & State LAKELAND, FL 33811	City & State LAKELAND, FL
Zip: 33811 Country: POLK	Zip: 33811 Country: POLK

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	7. Name and Address of New Registered Agent
OBERHOFER, RAYMOND A 2525 DRANE FIELD STE 4 LAKELAND FL 33811	Name: OBERHOFER, RAYMOND Street Address (P.O. Box Number is Not Acceptable): 2525 DRANE FIELD ROAD STE 25 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raymond A Oberhofer 3/24/03
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	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 2274 CHESTERFIELD CIRCLE LAKELAND FL 33813	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Raymond A Oberhofer SIGNATURE REQUIRED 3/24/03 (863)-647-9385 X216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #