

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90079 002 ***150.00

DOCUMENT # P97000087836

1. Entity Name
MOMENTUM LOGISTICS, INC.

Principal Place of Business 8923 WESTERN WAY STE 22 JACKSONVILLE FL 32256 US	Mailing Address 8923 WESTERN WAY STE 22 JACKSONVILLE FL 32256-8397 US
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LU047499



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3472488**

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

STANFORD, DOUGLAS G
50 N LAURA STREET
JACKSONVILLE FL 32202

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTS <input type="checkbox"/> Delete	TITLE	D/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, T. WAYNE	NAME	Davis, T. Wayne
STREET ADDRESS	8923 WESTERN WAY STE 22	STREET ADDRESS	8923 Western Way, Ste. 22
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	P <input type="checkbox"/> Delete	TITLE	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFFELL, PAUL K.	NAME	Saffell, Paul K.
STREET ADDRESS	8923 WESTERN WAY STE 22	STREET ADDRESS	8923 Western Way, Ste. 22
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 11 or Block 12 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

(904) 363-0088

Date

Daytime Phone #

CR2E034 (9/99)