

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90004 008 \*\*\*150.00

**DOCUMENT # P99000002301**

**1. Entity Name**  
**ROUTE LOGISTICS CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**719 NOCCALULA DR.**      **719 NOCCALULA DR.**  
**GADSDEN AL 35904**      **GADSDEN AL 35904**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
**59-3550602**       **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**

**VAN SCHAIK, PAUL**  
**3001 COMMONWEALTH BLVD.**  
**TALLAHASSEE FL 32303**

**Name** **ROBERT VAN SCHAIK**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1403 MACLAY COMMERCE BLVD**  
**SUITE #7**  
**City** **TALLAHASSEE**      **FL**      **Zip Code** **32312**

**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**  **ROBERT P VAN SCHAIK - Pres**      **4-24-02**  
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, 2002 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**

|                       |   |
|-----------------------|---|
| <b>TITLE</b>          | <b>P</b> <input type="checkbox"/> Delete  |
| <b>NAME</b>           | <b>VAN SCHAIK, ROBERT P.</b>              |
| <b>STREET ADDRESS</b> | <b>719 NOCCALULA DR.</b>                  |
| <b>CITY-ST-ZIP</b>    | <b>GADSDEN AL 35904</b>                   |
| <b>TITLE</b>          | <b>ST</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>VAN SCHAIK, KATHY</b>                  |
| <b>STREET ADDRESS</b> | <b>719 NOCCALULA DR.</b>                  |
| <b>CITY-ST-ZIP</b>    | <b>GADSDEN AL 35904</b>                   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete           |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete           |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete           |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |

|                       |   |
|-----------------------|---|
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |

**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:**  **ROBERT P VAN SCHAIK - Pres**      **4-24-02 (256)5433471**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)