

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000453

1. Entity Name

DESIGNERS LOGISTICS SUPPORT LLC

Principal Place of Business

630 SOUTHWIND CIRCLE #5
ATTN: THOMAS MCCOWAN
NORTH PALM BEACH FL 33408

Mailing Address

630 SOUTHWIND CIRCLE #5
ATTN: THOMAS MCCOWAN
NORTH PALM BEACH FL 33408

2. Principal Place of Business

8360 Currency Dr

3. Mailing Address

8360 Currency Dr

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Riviera Beach

City & State

Riviera Beach

Zip

33404

Country

USA

Zip

33404

Country

USA

4. FEI Number

65-1065289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE Partner
NAME Thomas H. McCowan
STREET ADDRESS 630 Southwind Circle #5
CITY-ST-ZIP North Palm Beach, FL 33408

☐ Delete

TITLE Partner
NAME Terry H. Leach
STREET ADDRESS 1741 Indian Rocks Rd.
CITY-ST-ZIP Belleair, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Terry H. Leach (TERRY H. LEACH)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-02 561-840-9441

Date

Daytime Phone #

CP2E083 (9/01)