

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90052 019 ***150.00

DOCUMENT # 830826

1. Entity Name
LANDSTAR POOLE, INC.

Principal Place of Business 4160 WOODCOCK DRIVE JACKSONVILLE FL 32207 US	Mailing Address 4160 WOODCOCK DRIVE ATTN: CORP TAX DEPT JACKSONVILLE FL 32207-2726 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13410 SUTTON PARK DRIVE S.	3. Mailing Address 13410 SUTTON PARK DRIVE S.
Suite, Apt. #, etc.	Suite, Apt. #, etc. ATTN: CORP. TAX DEPARTMENT

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL	4. FEI Number 63-0571968	Applied For <input type="checkbox"/> Not Applicable
Zip 32224	Country US	Zip 32224	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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]*
 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.

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 PD	<input type="checkbox"/> Delete	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, JAMES R.		NAME MARTIN, JAMES R.	
STREET ADDRESS TED BATES ROAD		STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP EVERGREEN AL 36401		CITY-ST-ZIP JACKSONVILLE, FL 32224	
TITLE CD	<input type="checkbox"/> Delete	TITLE C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROWE, JEFFREY C		NAME CROWE, JEFFREY C.	
STREET ADDRESS 4160 WOODCOCK DRIVE		STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP JACKSONVILLE, FL 32224	
TITLE VATD	<input type="checkbox"/> Delete	TITLE V/AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GERKENS, HENRY H.		NAME GERKENS, HENRY H.	
STREET ADDRESS 4160 WOODCOCK DRIVE		STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP JACKSONVILLE, FL 32224	
TITLE VS	<input type="checkbox"/> Delete	TITLE V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARVEY, MICHAEL L		NAME HARVEY, MICHAEL L.	
STREET ADDRESS 4160 WOODCOCK DRIVE		STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP JACKSONVILLE, FL 32224	
TITLE AS	<input checked="" type="checkbox"/> Delete	TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GANNT, BARBARA C.		NAME OWEN, DENNIS P.	
STREET ADDRESS TED BATES ROAD		STREET ADDRESS 1850 LANTAFF BOULEVARD, SUITE 102	
CITY-ST-ZIP EVERGREEN AL 36401		CITY-ST-ZIP MADISONVILLE, KY 42431	
TITLE V	<input type="checkbox"/> Delete	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAROSE, ROBERT C.		NAME LAROSE, ROBERT C.	
STREET ADDRESS 4160 WOODCOCK DRIVE		STREET ADDRESS 13410 SUTTON PARK DRIVE SOUTH	
CITY-ST-ZIP JACKSONVILLE FL 32207		CITY-ST-ZIP JACKSONVILLE, FL 32224	

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: *[Signature]* **ROBERT C. LAROSE** PRESIDENT **1/20/00** (904) 390-1223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)