

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 023 ***150.00

0030028 AV

DOCUMENT # 830826
 1. Entity Name
LANDSTAR ACQUISITION CORPORATION

Principal Place of Business 13410 SUTTON PARK DRIVE S. JACKSONVILLE FL 32224 US	Mailing Address 13410 SUTTON PARK DRIVE S. ATTN: CORP TAX DEPT JACKSONVILLE FL 32224 US
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80030827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13410 Sutton Park Dr. S. Suite, Apt. #, etc.	3. Mailing Address 13410 Sutton Park Dr. S. Suite, Apt. #, etc. Attn: Corporate Tax Dept.
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City & State Jacksonville, FL	City & State Jacksonville, FL
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4. FEI Number 63-0571968	Applied For Not Applicable
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Zip 32224	Country USA	Zip 32224	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JAMES R. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CROWE, JEFFREY C 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATD GERKENS, HENRY H. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HARVEY, MICHAEL L 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OWEN, DENNIS P 1850 LANTAFF BOULEVARD, SUITE 102 MADISONVILLE KY 42431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAROSE, ROBERT C. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D- Gerkens, Henry H. 13410 Sutton Park Drive S. Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S/AT LaRose, Robert C. 13410 Sutton Park Drive S. Jacksonville, FL 32224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 C. LaRose 2/06/02 (904) 398-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)