

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90093 017 ***150.00

DOCUMENT # F00000001296

1. Entity Name
UPS AUTOGISTICS, INC.

Principal Place of Business
55 GLENLAKE PARKWAY, NE
ATLANTA GA 30028

Mailing Address
55 GLENLAKE PARKWAY, NE
ATLANTA GA 30028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2513265**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 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

TITLE	C	<input type="checkbox"/> Delete
NAME	ESKEW, MICHAEL L	
STREET ADDRESS	55 GLENLAKE PARKWAY, NE	
CITY-ST-ZIP	ATLANTA GA 30028	
TITLE	CFOV	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, DOUGLAS A	
STREET ADDRESS	55 GLENLAKE PARKWAY, NE	
CITY-ST-ZIP	ATLANTA GA 30028	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	DIMAGGIO, DANIEL P	
STREET ADDRESS	55 GLENLAKE PARKWAY, NE	
CITY-ST-ZIP	ATLANTA GA 30028	
TITLE	COOV	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES P	
STREET ADDRESS	55 GLENLAKE PARKWAY, NE	
CITY-ST-ZIP	ATLANTA GA 30028	
TITLE	V	<input type="checkbox"/> Delete
NAME	FLOWERS, DANIEL	
STREET ADDRESS	990 HAMMOND DRIVE	
CITY-ST-ZIP	ATLANTA GA 30028	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARTS, DENNIS C	
STREET ADDRESS	990 HAMMOND DRIVE	
CITY-ST-ZIP	ATLANTA GA 30028	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02 (404) 828-6093

Date Daytime Phone #

CR2E034 (9/01)