

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90272 008 \*\*\*558.75

**DOCUMENT # F00000001690**  
**1. Entity Name**  
**GLOBAL LOGISTIC SERVICES/SOUTHERN REGION, INC.**

**Principal Place of Business**      **Mailing Address**  
**4915 SOUTH HOWELL AVENUE**      **4915 SOUTH HOWELL AVENUE**  
**MILWAUKEE WI 53207**      **MILWAUKEE WI 53207**

**2. Principal Place of Business**      **3. Mailing Address**  
**5350 South Kirkwood Avenue**      **5350 South Kirkwood Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
**Cudahy, WI**      **Cudahy, WI**  
**Zip**      **Zip**  
**53110**      **53110**  
 Country      Country

**4. FEI Number**      **58-2393138**      **Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NARDONE, S. SAM**  
**1505 NORTH HWY A1A**  
**ROYAL PALM #204**  
**INDIALANTIC FL 32903**

**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** \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**      ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>CPT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>RUDDIES, ARMIN ALFRED</b>	
<b>STREET ADDRESS</b>	<b>4915 SOUTH HOWELL AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>MILWAUKEE WI 53207</b>	
<b>TITLE</b>	<b>VV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BORCHERT, HANS J</b>	
<b>STREET ADDRESS</b>	<b>4915 SOUTH HOWELL AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>MILWAUKEE WI 53207</b>	
<b>TITLE</b>	<b>DS</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BRODZIK, JILL JANE</b>	
<b>STREET ADDRESS</b>	<b>4915 SOUTH HOWELL AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>MILWAUKEE WI 53207</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>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<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>	
<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:** ☒ **REQUIRED** **Armin A. Ruddies** ☒ **(414) 744-8484**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

0120051 AR

CR2F034 (5/01)