

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 07, 2001 8:00 am
Secretary of State

05-11-2001 90033 019 ***150.00

DOCUMENT # F00000002770

1. Entity Name

NEW LOGISTICS HOLDINGS CORP.

Principal Place of Business

**1301 RIVERPLACE BLVD
 JACKSONVILLE FL 32207**

Mailing Address

**1301 RIVERPLACE BLVD
 JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2241039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH LTD INC
 1406 HAYS STREET
 SUITE 2
 TALLAHASSEE FL 32301**

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's signature required when resigning)

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, 2001 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	CPST	<input checked="" type="checkbox"/> Delete
NAME	MONSKY, JOHN	
STREET ADDRESS	PARK AVE TOWER 65 E 55TH ST 32ND FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

TITLE	P	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Joseph A. Nicosia	
STREET ADDRESS	1301 Riverplace, Ste 1200	
CITY-STATE-ZIP	Jax, FL 32207	
TITLE	V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	Michael Gardner	
STREET ADDRESS	1301 Riverplace, Ste 1200	
CITY-STATE-ZIP	JAX, FL 32207	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-STATE-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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day: mo Year: #

Ma 3/6/02

EVP / COO

3-28-01

CR2034 (10/00)