

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000003842

1. Entity Name
INTEGRATED LOGISTICAL SUPPORT, INC.

FILED
Sep 10, 2002 8:00 am
Secretary of State

09-10-2002 90210 012 ***550.00

Principal Place of Business
636 CARONDELET STREET
NEW ORLEANS LA 70130

Mailing Address
636 CARONDELET STREET
NEW ORLEANS LA 70130



2. Principal Place of Business

1100 Poydras Street

3. Mailing Address

SAME AS

Suite, Apt. #, etc.

Suite 2775

Suite, Apt. #, etc.

Principal

City & State

New Orleans LA

City & State

4. FEI Number 72-1273486

Applied For

Not Applicable

Zip 70163

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
TUCKER, ROBERT H JR.
636 CARONDELET STREET
NEW ORLEANS LA 70130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GREGOIRE, SHELIA
636 CARONDELET STREET
NEW ORLEANS LA 70130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/02

504-523-1619

CR2E034 (4/02)