

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90161 017 \*\*\*550.00

DOCUMENT # F02000002518

1. Entity Name  
INTERNATIONAL LOGISTICS MANAGEMENT INC.



Principal Place of Business  
2636 W. GRAND RESERVE CT., STE. 935  
CLEARWATER FL 33759

Mailing Address  
2636 W. GRAND RESERVE CT., STE. 935  
CLEARWATER FL 33759



2. Principal Place of Business  
19803 GULF BLVD

Suite, Apt. #, etc.  
UNIT 301

City & State  
INDIAN SHORES, FL

Zip Country  
33785 Pinellas

3. Mailing Address  
19803 GULF BLVD

Suite, Apt. #, etc.  
UNIT 301

City & State  
INDIAN SHORES, FL

Zip Country  
33785 Pinellas

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 04-3626173

☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOODMAN, DAVE  
2636 W. GRAND RESERVE CT., STE. 935  
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Goodman, DAVID  
Street Address (P.O. Box Number is Not Acceptable)  
19803 GULF BLVD  
UNIT 301  
City Indian Shores FL Zip Code 33785

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 David C Goodman

Signature, typed or printed name of registered agent and title if applicable.

David C Goodman

(NOTE: Registered Agent signature required when reinstating)

Aug 13, 2003

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PVST  
NAME GOODMAN, DAVE  
STREET ADDRESS 2636 W. GRAND RESERVE CT., STE. 935  
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST  
NAME Goodman, DAVID  
STREET ADDRESS 19803 GULF BLVD, UNIT 301  
CITY-ST-ZIP INDIAN SHORES, FL 33785 ☒ Change ☐ Addition

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David C Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)