

# CORPORATION

## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0075050

DOCUMENT # ~~1020000000948~~  
**FB 3000000273**  
 1. Entity Name  
~~GENERAL TRANSPORTATION SERVICES, INC.~~  
**GNLV LOGISTICS, INC.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

03 JAN 23 PM 12:14

Principal Place of Business Mailing Address  
 PO BOX 3853 PO BOX 3853  
 PORTLAND OR 97208-3853 PORTLAND OR 97208-3853

2. Principal Place of Business 3. Mailing Address  
**710 BAKFIELD Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 208**  
 City & State City & State  
**BRADLON FL**  
 Zip Country Zip Country  
**33511 USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **93-1043453** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALIGUIRE, JACK**  
**3498 CITATION DR.**  
**GREEN COVE SPRINGS FL 32043**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00 \$150.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**  
**200010704222**  
**01/24/03--01098--001 \*\*150.00**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KROPP, EDWARD L 1410 SW MARLOW AVE. PORTLAND OR 97225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMPSON, ROBERT H 1410 SW MARLOW AVE. PORTLAND OR 97225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FINK, RICHARD F. 1410 SW MARLOW AVE. PORTLAND OR 97225	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Richard F. Fink**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/6/03** **503-297-0119**  
 Date Daytime Phone #

000083 (10/02)