

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90187 030 ***150.00

DOCUMENT # F94000004211

1. Entity Name
INTERMODAL CARTAGE CO., INC.



Principal Place of Business
5707 E HOLMES RD
MEMPHIS TN 38141
US

Mailing Address
PO BOX 751747
MEMPHIS TN 38175-1747

10051021



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 **62-1146133**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, KYLE
1832 E. BEAVER
JACKSONVILLE FL 32202

Name *Glenn Grant*
Street Address (P.O. Box Number is Not Acceptable)
1832 East Beaver
City *Jacksonville* **FL** **Zip Code** *32202*

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, and, if applicable, with, and accept the obligations of registered agent.

SIGNATURE *Glenn Grant* *Glenn Grant Jacksonville Regional MBR*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE *3-20-03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GEORGE, MARK H**
STREET ADDRESS **5707 E. HOLMES RD**
CITY-ST-ZIP **MEMPHIS TN 38141**

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

TITLE **VPF** ☐ Delete
NAME **BAKER, MIKE**
STREET ADDRESS **5707 E HOLMES RD**
CITY-ST-ZIP **MEMPHIS TN 38141**

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

TITLE **S** ☐ Delete
NAME **GEORGE, MELINDA M**
STREET ADDRESS **5707 E. HOLMES RD**
CITY-ST-ZIP **MEMPHIS TN 38141**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark H. George*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/03 *901-363-0050*
Date **Daytime Phone #**

CR2E034 (10/02)