2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
02-14-2002 90085 028 ***150.00

DOCUMENT # F96000000021

1. Entity Name
LANDSTAR LOGISTICS, INC.

Principal Place of Business	Mailing Address
13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224 US	% CORPORATE TAX DEPT P O BOX 19135 JACKSONVILLE FL 32245 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13410 SUTTON PARK DR. S	C/O CORPORATE TAX DEPT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO BOX 19135
City & State JACKSONVILLE, FLORIDA24	City & State JACKSONVILLE, FLORIDA
Zip / Country 32224 / USA	Zip / Country 32245 / USA

4. FEI Number 06-1266583 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 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 $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC JEFFREY C CROWE 13410 SUTTONPARK DRIVE SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HERTWIG, JAMES R 13410 SUTTONPARK DRIVE SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT GERKENS, HENRY H 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAROSE, ROBERT C 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S LAROSE, ROBERT C. 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FLORIDA 32224	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MICHAEL L HARVEY 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MILLER, DAVID 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE, FLORIDA 32224	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HANDOUSH, JIM 13410 SUTTON PARK DRIVE SOUTH JACKSONVILLE FL 32224	☐ Delete	TITLE / NAME / 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] ROBERT C. LAROSE 1/22/02 (904) 398-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)