407-856-0770

Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600001371  1. Entity Name SIG LOGISTICS, INC.						FILED				
							00 HAR 21	L PM 12:	nı.	
Principal Plac	e of Business	Mailing Address				00 MAR 24 PM 12: 04				
1630 PRIME CT STE 100 ORLANDO FL 32809 US		1630 PRIME CT STE 100 ORLANDO FL 32809-7403 US				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State				FEI Number	36-405908	33	_ <del>                                    </del>	plied For t Applicable
Zip	Country Zip Co		Countr	у	;	5. Certificate o	f Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current R	egistered Agent			7	. Name and A	ddress of New	Registered A	gent	
%JEF 1031	NN & HADLEY, P.A. FFREY P. MILHAUSEN, ESQ. W. MORSE BLVD., STE.270 FER PARK FL 32789		Street Addr c/ 26 City	Miller, South & DiMasi, P.A.  ddress (P.O. Box Number is Not Acceptable) c/o Jeffrey P. Milhausen, Esq.  2699 Lee Road, Suite 120 Winter Park  FL Zip Code 32789						
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 feinstating)   DATE    9. This corporation is eligible to satisfy its Intangible   Tax filling requirement and elects to do so. (See criteria on back)   Make Check Payable to Department of State    10. Election Campaign Financing   Trust Fund Contribution.   Added to Fees   Adde										
11.	OFFICERS AND D	DIRECTORS	12.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GOTOH, YOSHIO D 925 W. THORNDALE AVE. ITASCA IL 60143	□ Delete	•	T AODRESS ST-ZIP		90	000්ට්ම්	196	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIYA, YASUO 1630 PRIME COURT SUITE 100 ORLANDO FL 32809	☐ Delcte		T ADDRESS ST-ZIP			-()4/()*******	4700 <del></del> 0 163.75	[ <u>[]</u> ] (Mange U ****16	Addition 3.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOYOJI, HASEGAWA 1630 PRIME COURT, #100 ORLANDO FL 32809	☐ Delete		T ADDRESS ST-ZIP					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKADA, MITSUYOSHI 1630 PRIME COURT #100 ORLANDO FL 32809	☐ Delote		T ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			: ' <b>LS</b>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP			-	٠.	☐ Change	☐ Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address w	wered to execute this report as	he exen / signatu s require	nption stated ure shall have ed by Chapte	in Secti e the sar er 607, F	on 119.07(3)(i) ne legal effect florida Statutes	, Florida Statutes as if made unde ; and that my nai	i. I further cer r oath; that I a me appears in	tify that the in im an officer i Block 11 or	nformation or director Block 12 if