

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90120 027 ***150.00

0014299 EP

DOCUMENT # F97000005080

1. Entity Name

LESANT LOGISTICS TRANSPORTATION, INC.



Principal Place of Business

2702 DIRECTORS ROW
ORLANDO FL 32809

Mailing Address

95 S ROUTE 83
GRAYSLAKE IL 60030
US

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

31-1013129

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

GOODWIN, LENNIE
2702 DIRECTORS ROW
ORLANDO FL 32809

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 _____

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	ANGER, HANS A JR	
STREET ADDRESS	95 S ROUTE 83	
CITY-ST-ZIP	GRAYS LAKE IL 60030	
TITLE	P	<input type="checkbox"/> Delete
NAME	PENNINGTON, JEFF	
STREET ADDRESS	95 S ROUTE 83	
CITY-ST-ZIP	GRAYS LAKE IL 60030	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOETSCH, CHARLES L	
STREET ADDRESS	95 S ROUTE 83	
CITY-ST-ZIP	GRAYS LAKE IL 60030	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PURDY, LON J	
STREET ADDRESS	95 S ROUTE 83	
CITY-ST-ZIP	GRAYS LAKE IL 60030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: **SIGNATURE** *[Signature]* **LON J PURDY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/14/03** Daytime Phone #: **(847) 223-1000**

CR2E034 (10/02)