

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004747

1. Entity Name
Momentum Logistics of South Carolina, Inc.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 003 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business
8923 Western Way

3. Mailing Address
8923 Western Way

Suite, Apt. #, etc.
Suite 22

Suite, Apt. #, etc.
Suite 22

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

4. FEI Number
57-0837217

Applied For
Not Applicable

Zip Country
32256 USA

Zip Country
32256 USA

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

6. Name and Address of Current Registered Agent

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, 2000 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D/P
STREET ADDRESS Paul K. Saffell
CITY-ST-ZIP 8923 Western Way, Suite 22 Jacksonville, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D/V/S/T
STREET ADDRESS T. Wayne Davis, Jr.
CITY-ST-ZIP 1910 San Marco Blvd. Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul K. Saffell

Date

(904) 363-0089

Daytime Phone #

CR2E034 (9/99)