

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90100 002 \*\*\*150.00

**DOCUMENT # F99000006479**

1. Entity Name

**CAROLINA LOGISTICS SERVICES, INC.**

Principal Place of Business

Mailing Address

**2601 PILGRIM COURT  
 WINSTON-SALEM NC 27106**

**2601 PILGRIM COURT  
 WINSTON-SALEM NC 27106**

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

**56-2069164**

Applied For

Not Applicable

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

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

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	PD	<input type="checkbox"/> Delete
NAME	DOUGHTON, S. MARK	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	SCEO	<input type="checkbox"/> Delete
NAME	WHITAKER, JOHN C	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, ROBERT M	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS T	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	EVANS, CYNTHIA G	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SPEAS, VICKIE L	
STREET ADDRESS	2601 PILGRIM COURT	
CITY-ST-ZIP	WINSTON-SALEM NC 27106	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

2-29-00

770-3500

CR2E034 (9/99)