## 2000 UNIFORM BUSINESS REPORT (UBR)

# DOCUMENT # **F99000006479**

Country

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

DOUGHTON, S. MARK

2601 PILGRIM COURT

WHITAKER, JOHN C

BOSCH, ROBERT M

2601 PILGRIM COURT

BROWN, THOMAS T

**EVANS, CYNTHIA G** 

SPEAS, VICKIE L

2601 PILGRIM COURT

2601 PILGRIM COURT

2601 PILGRIM COURT

2601 PILGRIM COURT

WINSTON-SALEM NC 27106

Tax filing requirement and elects to do so.

(See criteria on back)

PD

SCEO

VCF0

ΔS

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

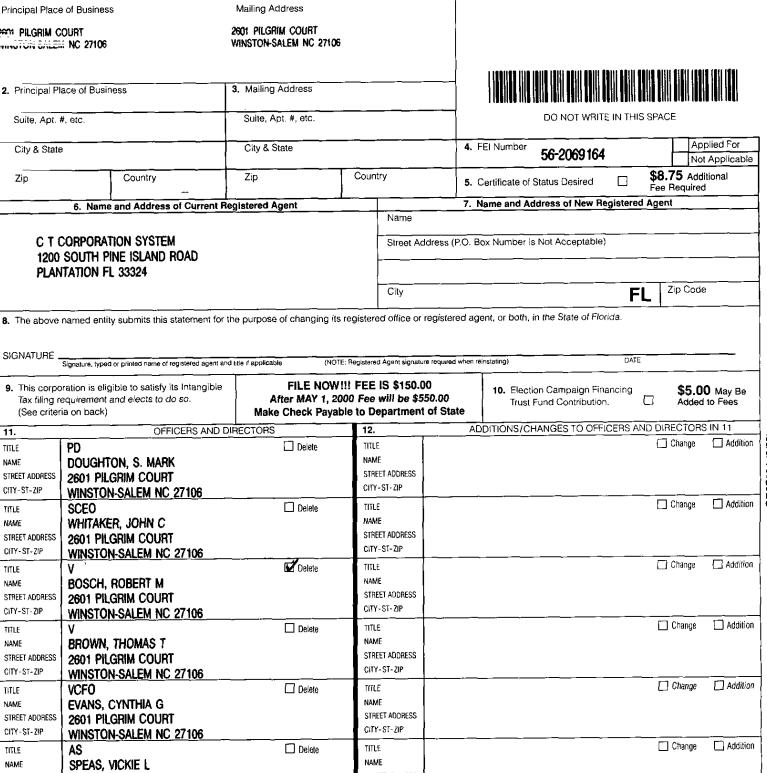
OFFICERS AND DIRECTORS

### CAROLINA LOGISTICS SERVICES, INC. Mailing Address Principal Place of Business 2601 PILGRIM COURT PILGRIM COURT WINDTON BALES NC 27106 WINSTON-SALEM NC 27106 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country

Zip

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

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



CITY-ST-ZIP WINSTON-SALEM NC 27106 13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

SIGNATURE:

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

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TITLE NAME

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TITLE

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-71P

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00