

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

01/02

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
02 FEB -4 AM 9:36

DOCUMENT # J45677
1. Entity Name James C LeFils Logistics, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 239
Suite, Apt. #, etc.

3. Mailing Address P.O. Box 239
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Osteen, FL
City & State Osteen, FL

Zip 32764 Country USA
Zip 32764 Country USA

4. FEI Number 59-2751788
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name James LeFils
Street Address (P.O. Box Number is Not Acceptable)
1492 Swiss Ln ~~NOT Mailing address!~~
City Deltona, FL Zip Code 32764

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 James C LeFils DATE 1/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President James C LeFils PO Box 239 Osteen FL 32764</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President Jody LeFils PO Box 239 Osteen FL 32764</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary/Treasurer Greg LeFils 165 S. Oak Ave Orange City, FL 32763</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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****308.75 ****308.75

**DO NOT WRITE
IN THIS SPACE**

1/31/02

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 on an attachment with an address, with another like empowered.

SIGNATURE: James C LeFils DATE 1/31/02 DAYTIME PHONE # 4073237668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)