

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01/02

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

FILED
CLERK OF CIRCUIT
DIVISION OF CORPORATION
02 FEB -4 AM 9:36

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
Zip
32764
Country
USA

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Osteen, FL
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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/02

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	President James C LeFils P.O. Box 239 Osteen FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jody LeFils P.O. Box 239 Osteen FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Greg LeFils 165 S. Oak Ave Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1/31/02
TITLE 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 on an attachment with an address, with another like empowered.

SIGNATURE:

James C LeFils
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 4073237668

CR2E034B (12/01)