

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L03549**

1. Entity Name
INTEGRATED DISTRIBUTION SERVICES, INC.

Principal Place of Business

Mailing Address

ONE AIR CARGO PLACE
UNIT #1
MELBOURNE FL 32901

ONE AIR CARGO PLACE
UNIT #1
MELBOURNE FL 32901

2. Principal Place of Business

3. Mailing Address

9001 MARLIN Street
Suite, Apt. #, etc.

9001 MARLIN Street
Suite, Apt. #, etc.

City & State

City & State

CAPE CANAVERAL, FLORIDA
Zip 32920 Country USA

CAPE CANAVERAL, FLORIDA
Zip 32920 Country USA

4. FEI Number

59-2956581

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

ADAMS, DAVID T
ONE AIR CARGO PLACE, UNIT #1
MELBOURNE FL 32901

Name ADAMS, DAVID T.
Street Address (P.O. Box Number is Not Acceptable)

9001 MARLIN Street

City CAPE CANAVERAL FL Zip Code 32920

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

(NOTE: Registered Agent signature required when reinstating)

03-15-02

DATE

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

☒

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

NAME	D	<input type="checkbox"/> Delete
NAME	ADAMS, DAVID T	
STREET ADDRESS	ONE AIR CARGO PLACE, UNIT #1	
CITY-ST-ZIP	MELBOURNE FL 32901	
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, DAVID T.	
STREET ADDRESS	9001 MARLIN Street	
CITY-ST-ZIP	CAPE CANAVERAL, FLORIDA 32920	
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: David T. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321) - 799-9100
03-15-02 (321) - 799-9169

Date

Daytime Phone #

Amendments

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR 19 PM 4:00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)