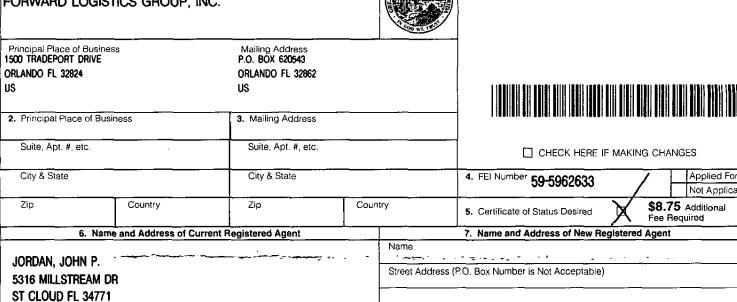
2003: FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

L05775 **DOCUMENT #**

1. Entity Name

FORWARD LOGISTICS GROUP, INC.



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. I am familiar with, and accept the obligations of registered agent.

City

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

> FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

May 01, 2003 8:00 am Secretary of State

05-01-2003 90543 016 ***158.75

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change TITLE ☐ Delete TITLE Addition JORDAN, JOHN NAME NAME 5316 MILLSTREAM DR STREET ADDRESS STREET ADDRESS BT CLOUD FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete ☐ Change TITLE BNYDER, LINDA NAME NAME 5733 ACKERMAN AVENUE STREET ADDRESS STREET ADDRESS MEMPHIS TN 38134 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition FORELLE, MAURICE NAME NAME 16941 ROYAL PONCIANA STREET ADDRESS STREET ADDRESS Fort Lauderdale FL 33326 CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directored to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if colled with this 12. I hereby certify that the informations indicated on this report or supplier of the corporation or the eceiver ental report is true e empowe changed, or on an attachment wit all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGN