

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # L12809**1. Entity Name
ANCHOR FREIGHT FORWARDING, INC.

Principal Place of Business	Mailing Address
815 S MAIN ST 5 FLR JACKSONVILLE 32207 US	815 S MAIN ST 6 FLOOR JACKSONVILLE 32207 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3004326

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**PRICE, R. J.**
815 S MAIN ST

JACKSONVILLE
32254
US

FL

7. Name and Address of New Registered Agent

Name

PRICE, R. J.

Street Address (P.O. Box Number is Not Acceptable)

815 S MAIN ST

City

JACKSONVILLE

FL

Zip Code
32207

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

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	AS	<input checked="" type="checkbox"/> Delete
NAME	STRICKLAND BARBARA S	
STREET ADDRESS	815 SOUTH MAIN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROGER, RANDALL K.	
STREET ADDRESS	815 SOUTH MAIN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	VT	<input type="checkbox"/> Delete
NAME	BRYMER, J. DENISE	
STREET ADDRESS	815 SOUTH MIAN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	PS	<input type="checkbox"/> Delete
NAME	RICHARDSON, MICHAEL C.	
STREET ADDRESS	815 SOUTH MAIN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY SCOTT	
STREET ADDRESS	815 SOUTH MAIN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROGER RANDALL K	
STREET ADDRESS	815 SOUTH MAIN STREET, 5TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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: **SCOTT KELLY**

V/S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)