

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000003621

1. Entity Name

LOGISTIC SALES AGENCY, INC.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91350 022 \*\*\*150.00

0078175

Principal Place of Business

2676 LEMON STREET, N.E.  
PALM BAY FL 32905

Mailing Address

2676 LEMON STREET, N.E.  
PALM BAY FL 32905

2. Principal Place of Business

20 ASPEN DR.

3. Mailing Address

20 ASPEN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAINES CITY

City & State

HAINES CITY

Zip

33844

Country

Polk

Zip

33844

Country

Polk

4. FEI Number

59-3624150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMS, JIM  
2676 LEMON STREET, N.E.  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Jim Sims

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

20 ASPEN DR.

City

HAINES CITY

FL

Zip Code

33844

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

Jim Sims - Jim Sims - Pres

5-6-2001

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

(NOTE: Registered Agent signature required when reinstating)

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 **D** ☐ Delete  
NAME **SIMS, JIM**  
STREET ADDRESS **2676 LEMON STREET, N.E.**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jim Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-2001 863-421-8299

Date

Daytime Phone #

CR2E034 (10/00)