

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000035287

1. Entity Name

STOKES LOGISTICS P00000035287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11318 PRUCH RD  
Suite, Apt. #, etc.

3. Mailing Address

11318 PRUCH RD  
Suite, Apt. #, etc.

City & State

SE77NICK FL  
Zip 33584 Country Hills

City & State

SE77NICK FL  
Zip 33584 Country Hills

4. FEI Number

59-3633534

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KARL V. STOKES

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

11318 PRUCH RD

City

SE77NICK

FL

Zip 33584

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.

(If not 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)



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	PO KARL STOKES 11318 PRUCH RD SE77NICK, FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400008374494--2 -10/15/02--01046--006 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARGARET 11318 PRUCH RD SE77NICK, FL 33584	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRUCH
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRUCH

10/9

(813) 612-9852

CR2E034B (12/01)