

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 22, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000047817**1. Entity Name
ELEPHANT LOGISTICS INC.

Principal Place of Business 443 CASTLE DR. NAPLES FL 34119	Mailing Address 443 CASTLE DR. NAPLES FL 34119
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2. Principal Place of Business 443 CASTLE DR.	3. Mailing Address 443 CASTLE DR.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34119	Country US	Zip 34119	Country US
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4. FEI Number
59-3669865
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSCHLOSS JACK
443 CASTLE DR.

NAPLES FL 34119**7. Name and Address of New Registered Agent**Name
SCHLOSS JACK
Street Address (P.O. Box Number is Not Acceptable)
443 CASTLE DR.

City
NAPLES FL Zip Code
34119

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 _____ **04/22/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTLE JOHN P 2911 6TH AVE. SE NAPLES FL 34117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSS MICHAEL A 4221 19TH PLACE SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLOSS JACK M 443 CASTLE DR. NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTLE JOHN P 2911 6TH AVE. SE NAPLES FL 34117	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSS MICHAEL A 4221 19TH PLACE SW NAPLES FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHLOSS JACK M 443 CASTLE DR. NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JACK SCHLOSS

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04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)