

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90081 032 ***150.00

DOCUMENT # P00000048835

1. Entity Name

C & S LOGISTICS, INC.

Principal Place of Business

Mailing Address

**1300 S. FRENCH AVENUE
 SUITE #14
 SANFORD FL 32771**

**1300 S. FRENCH AVENUE
 SUITE #14
 SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

**1300 S. French Ave.
 Suite, Apt. #, etc. #13**

**34910 C.R. 439
 Suite, Apt. #, etc.**

City & State

Sanford, FL

City & State

Eustis, FL

4. FEI Number

59-3360279

Applied For

Not Applicable

Zip

32771

Country

Seminole

Zip

32736

Country

Lake

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEYERS, GARY
 34910 C. R. 439
 EUSTIS FL 32736**

Name

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

City

FL

Zip Code

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **WEYERS, GARY**
 STREET ADDRESS **34910 C. R. 439**
 CITY-ST-ZIP **EUSTIS FL 32736**

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

TITLE **D** ☒ Delete
 NAME **WEYERS, LARRY**
 STREET ADDRESS **5358 ORANGE BOULEVARD**
 CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Gary Weyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

4352-357-4847

Daytime Phone #

CR2E034 (10/00)