2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P00000061927

Mailing Address

1. Entity Name

AMD LOGISTICS, INC.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90015 037 ***150.00

Principal Piace of Business 9800 NORMANDY BLVD JACKSONVILLE FL 32221		P.O. BOX 1759 MACCLENNY FL 32063				na 1881 1881	
	ce of Business	3. Mailing Address					
Suite Apt. #, etc.		Suite, Apt. #, etc.		CHECK HE	CHECK HERE IF MAKING CHANGES		
Gity & State JA-CKSMVINE, FL		City & State		4. FEI Number 59-36501	87 Not	Applicable	
Zip	Country Lip Country		Country		Certificate of Status Desired		
	6. Name and Address of Current	Registered Agent		7. Name and Address of Ne	w Hegistered Agent		
DENDY, AL			Name A	Street Address (P.O. Box Number is Not Acceptable)			
9800 NORMANDY BLVD JACKSONVILLE FL 32221			9300	Normandy Blud.	Box 8		
		in the second se	City d	Acks muille	FL Zip Code	ン	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if application. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				9. Election Campaig Trust Fund Contrib	· · · · · · · · · · · · · · · · · · ·	May Be to Fees	
Make Check Payable to Florida Department of State			11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS	3 IN 11	
10.			TITLE		Change	☐ Addition 8	
TITLE NAME STREET ADDRESS	CEO DENDY, AUDREY 9800 NORMANDY BLVD	☐ Delete	NAME STREET ADDRESS	9300 NORMAN dy	Blud, Box F	77	
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY - ST - ZIP	JACKSMUILLE, 1	X Change	Addition 9	
TITLE NAME STREET ADDRESS	P DENDRY, JERRY 9800 NORMANDY, BLVD	☐ Delete	TITLE NAME STREET ADDRESS	9300 NORMAN dy JACKSMUILLE, 19 9300 NORMANDE B JACKSMUILLE, FE	lud., Box B		
CITY-ST-ZIP	JACKSONVILLE FL 32221		CITY-ST-ZIP	JACKSMVILLE, FL	Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
CITY-ST-ZIP		Delete	TITLE		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		L.J Delete	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE NAME		☐ Change	☐ Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904- 452- 1201 Daytime Phone #