

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90015 037 ***150.00



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1. Entity Name
AMD LOGISTICS, INC.

Principal Place of Business
**9800 NORMANDY BLVD
JACKSONVILLE FL 32221**

Mailing Address
**P.O. BOX 1759
MACCLENNY FL 32063**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
9300 Normandy Blvd

3. Mailing Address

Suite, Apt. #, etc.
Box 8

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

4. FEI Number **59-3650187**

Applied For
Not Applicable

Zip
32221

Country
FLORIDA

Zip

Country

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

**DENDY, AUDREY
9800 NORMANDY BLVD
JACKSONVILLE FL 32221**

Name **Audrey Dendy**

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

9300 Normandy Blvd. Box 8

City **Jacksonville**

FL

Zip Code
32221

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 *Audrey Dendy*
Signature, typed or printed name of registered agent and title if applicable

Audrey Dendy

(NOTE: Registered Agent signature required when reinstating)

01/06/2003

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** Delete
NAME **DENDY, AUDREY**
STREET ADDRESS **9800 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE Change Addition
NAME
STREET ADDRESS **9300 Normandy Blvd, Box 8**
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE **P** Delete
NAME **DENDRY, JERRY**
STREET ADDRESS **9800 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE Change Addition
NAME
STREET ADDRESS **9300 Normandy Blvd, Box 8**
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Audrey Dendy*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/2003

Date

904-482-1201

Daytime Phone #

CR2E034 (10/02)