

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91204 021 ***150.00

DOCUMENT # **P00000083284** ✓

1. Entity Name

ALL TIME LOGISTICS INC.

DO NOT WRITE IN THIS SPACE

80124380

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 758 POWDERHORN CIR W		3. Mailing Address Suite, Apt. #, etc. SAME AS '2'	
City & State LAKE MARY		City & State _____ _____	
Zip 32746	Country U.S.A.	Zip _____	Country _____
4. FEL Number 59-3668449		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JABIR CHATOD**
Street Address (P.O. Box Number is Not Acceptable)
758 POWDERHORN CIR W
City **LAKE MARY** FL Zip Code **32746**

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 registering)

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	PRESIDENT JABIR CHATOD 758 POWDERHORN CIR W LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

5/25/02 (407) 448-9411

CR3E034B (12/01)