2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000085627

Title:

Name:

Address:

City-St-Zip:

(X) Delete

CORAL SPRINGS, FL 33065

REID, THELMA

4444 NW 89 WAY

FILED Feb 13, 2003 Secretary of State

Entity Nar	ne: REIDS L	OGISTICS, INC.					
Current P	rincipal Plac	Nev	New Principal Place of Business:				
4444 NW 8 CORAL SF	39 WAY PRINGS, FL 3	3065					
Current M	ailing Addre	Nev	New Mailing Address:				
4444 NW 8 CORAL SF	39 WAY PRINGS, FL 3	3065					
FEI Number: 65-1037246 FEI Number Applied For ()			r () FEI Number	Not Applicab	le ()	Certificate of Status Desired ()	
Name and	Address of	jent: Nai	Name and Address of New Registered Agent:				
The above	39 WAY PRINGS, FL 3		for the purpose of cha	anging its re	egistered	office or registered agent, or	⁻ both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
	npaign Financir	g Trust Fund Contribution		DITIONS/C	HANGES	S TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	D (REID, DENISE 4444 NW 89 V CORAL SPRIN	/AY		ne: RE ress: 44	ID, DENISE 44 NW 89 V		
Title: Name: Address: City-St-Zip:	JONES, DORE 4444 NW 89 V			ne: RE	ID, DAVE ` 44 NW 89 \	X) Change()Addition WAY NGS, FL 33065	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name: Address:

City-St-Zip:

SIGNATURE: DENISE REID P 02/13/2003

() Change () Addition