

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90046 026 ***150.00

DOCUMENT # P00000109550

1. Entity Name
ATLANTIC LOGISTICS, INC.

Principal Place of Business
12807 BAY PLANTATION DR
JACKSONVILLE FL 32223

Mailing Address
12807 BAY PLANTATION DR
JACKSONVILLE FL 32223

2. Principal Place of Business
12807 Bay Plantation Dr
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 600859
 Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32223

Country

City & State
Jacksonville, FL
Zip
32260

Country

4. FEI Number **59-3684851**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOOVER, ROBERT W
12807 BAY PLANTATION DR
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

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 *Robert W. Hoover Vice President*

4/26/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **V-P** ☐ Delete
NAME **HOOVER, ROBERT W**
STREET ADDRESS **12807 BAY PLANTATION DR**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PRES** ☐ Delete
NAME **EVELYN E HOOPER**
STREET ADDRESS **12807 Bay Plantation Dr**
CITY-ST-ZIP **Jacksonville, FL 32223**

TITLE **V-P** ☐ Delete
NAME **WB Copeland**
STREET ADDRESS **2729 Forest Circle**
CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V-P** ☐ Change ☒ Addition
NAME **Shelbie Mayland**
STREET ADDRESS **721 Muskogee Lane**
CITY-ST-ZIP **Jacksonville, FL 32259**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Robert W. Hoover
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date

904-886-9616
 Daytime Phone #

CR2E034 (9/01)