

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91195 026 ***150.00

DOCUMENT # P00000110963

1. Entity Name
FLORIDA EXPRESS LOGISTICS, INC.

Principal Place of Business 12375 GREEN BAY PARKWAY WEST BUILDING 200, SUITE 201 JACKSONVILLE FL 32258	Mailing Address 12375 GREEN BAY PARKWAY WEST BUILDING 200, SUITE 201 JACKSONVILLE FL 32258
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2. Principal Place of Business 12735 Gran Bay Parkway West	3. Mailing Address 12735 Gran Bay Parkway West
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32258	Country USA

4. FEI Number 59-3688069 **Applied For** ☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent
EDDINS, HEIDI J
ONE MALAGA ST.
ST. AUGUSTINE FL 32084

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 C/D	NAME ANESTIS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS ONE MALAGA STREET	CITY-ST-ZIP ST. AUGUSTINE FL 32084	
TITLE P/D	NAME CONNARD, TOM	<input type="checkbox"/> Delete
STREET ADDRESS 12735 GRAN BAY PKWY W., BLDG. 200 STE 201	CITY-ST-ZIP JACKSONVILLE FL 32258	
TITLE S/D	NAME EDDINS, HEIDI J	<input type="checkbox"/> Delete
STREET ADDRESS ONE MAGALA STREET	CITY-ST-ZIP SAINT AUGUSTINE FL 32084	
TITLE T	NAME SMITH, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS ONE MALAGA STREET	CITY-ST-ZIP SAINT AUGUSTINE FL 32084	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Anestis, RW		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Connard, TG		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
One Malaga Street		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V Smith, RG		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V McGeehan, MJ		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12735 Gran Bay Parkway West Jacksonville, FL 32258		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VT Lehan, BD		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
One Malaga Street		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
St. Augustine, FL 32084		

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: Heidi J. Eddins **4/26/02** **904/826-2398**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

A. Hachman

P00000110963/065025

11 Officers and Directors		12 Additions/Changes to Officers and Directors in 11	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additions
Name		Name	Starling, CA
Street Address		Street Address	One Malaga Street
City-St-Zip		City-St-Zip	St. Augustine, FL 32084
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title	<input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Additions
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	