

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90058 045 ***150.00

DOCUMENT # P01000003521

1. Entity Name
KARRIERS LOGISTICS OF FL., INC.

Principal Place of Business

4366 MERCHANT AVENUE
SPRING HILL FL 34608

Mailing Address

4366 MERCHANT AVENUE
SPRING HILL FL 34608

2. Principal Place of Business

4019 Benchmark Trail
 Suite, Apt. #, etc.

3. Mailing Address

4019 Benchmark Trail
 Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip
34609

Country
Hernando

City & State

Spring Hill FL

Zip
34609

Country
Hernando

4. FEI Number

59-3701893

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Kathy Casci**
Street Address (P.O. Box Number is Not Acceptable)
4019 Benchmark Trail
City **Spring Hill** **FL** **Zip Code** **34609**

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 **Kathy U Casci**
 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CASCI, KATHY S**
STREET ADDRESS **4366 MERCHANT AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VD** ☐ Delete
NAME **CASCI, JOSEPH A**
STREET ADDRESS **4366 MERCHANT AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

352-797-0200

Daytime Phone #

CR2E034 (9/01)