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Secretary of State
06-02-2003 90188 022 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003521 (2)

1. Entity Name
Karriers Logistics of Fl., Inc.
4019 Benchmark Trail
Spring Hill Fl. 34609

DO NOT WRITE IN THIS SPACE

55049369

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4019 Benchmark Trail	4019 Benchmark Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, Fl.	City & State: Spring Hill, Fl.
Zip: 34609 — Country:	Zip: 34609 — Country:

4. FEI Number: 59-3701893 — [x] Applied For [ ] Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: Spiegel – Utrera, P.A.
Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Ave
City: Coral Gables, FL — Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Kathy S Casci — Date: 5-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Kathy S. Casci
STREET ADDRESS	4019 Benchmark Trail
CITY-ST-ZIP	Spring Hill, Fl. 34609
TITLE	V
NAME	Joseph A. Casci
STREET ADDRESS	4019 Benchmark Trail
CITY-ST-ZIP	Spring Hill Fl. 34609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathy S. Casci Kathy S Casci — 5-28-03 — 352-799-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 550493691 [redacted]

P01000003524

Florida Department of State
Uniform Business Report

Karriers Logistics of Fl., Inc. is asking that you wave the fees for late payment and accept the fee of $150.00 for payment. Reason for request is we never received a bill.

Thank you
Kathy S Casci
5/30/03

Kathy S Casci