

2002 UNIFORM BUSINESS REPORT (UBR)

1

FILED
Mar 28, 2002 8:00 am
Secretary of State

01-31-2002 90039 049 ***158.75

DOCUMENT # P01000012987

1. Entity Name

JUSTIN DAVIS LOGISTICS, INC.

Principal Place of Business

ROUTE 4 BOX 3020
MADISON FL 32340

Mailing Address

ROUTE 4 BOX 3020
MADISON FL 32340

2. Principal Place of Business

420 Lake Shore Dr.
Suite, Apt. #, etc.

3. Mailing Address

420 Lake Shore Dr.
Suite, Apt. #, etc.

City & State

Madison FL
Zip 32340 Country US

City & State

Madison FL
Zip 32340 Country US

4. FEI Number

59-3698855

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JUSTIN
ROUTE 4 BOX 3020
MADISON FL 32340

Name

Davis, Justin

Street Address (P.O. Box Number is Not Acceptable)

420 Lake Shore Dr.
City Madison FL Zip 32340

7. Name and Address of New Registered Agent

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

Justin Davis

(Signature type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

1/15/02

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
POSTD Justin Davis 420 Lakeshore Dr Madison FL 32340	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Justin Davis

(Signature and typed or printed name of signing officer or director)

1/15/02

850773661

Daytime Phone #

CR2E034 (9/01)