

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90392 040 ***150.00

0011798 AT

DOCUMENT # P01000014979

1. Entity Name
RDG LOGISTICS SERVICES, INC.



Principal Place of Business
**480 W DOERR PATH
HERNANDO FL 34442
US**

Mailing Address
**480 W DOERR PATH
HERNANDO FL 34442
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
59-3704645

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFEVRE, RICHARD L
12825 NE 44 CT
WINTER GARDEN FL 32617**

CHANGE OF ADDRESS

Name
Street Address (P.O. Box Number is Not Acceptable)
12825 NE 44 CT.
City **ANTHONY** FL Zip Code **32617**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **P LEFEVRE, RICHARD**
STREET ADDRESS **12825 NE 44 CT**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **V HUNTINGTON, DEBORAH**
STREET ADDRESS **12825 NE 44 CT**
CITY-ST-ZIP **ANTHONY FL 32617**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ST LEFEURE, SHIRLEY**
STREET ADDRESS **480 W DOERR PATH**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE Change Addition
NAME **CORRECT SPELLIN OF LAST NAME: LEFEVRE**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 3/31/03 (352) 527-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date Daytime Phone #

CR2E034 (10/02)