

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90034 022 ***150.00

DOCUMENT # P01000018631

1. Entity Name
S.H. LOGISTICS, INC.

Principal Place of Business
**2610 SW EMBERS TERRACE
 CAPE CORAL FL 33991**

Mailing Address
**2610 SW EMBERS TERRACE
 CAPE CORAL FL 33991**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4130 WAUSAU ROAD
 Suite, Apt. #, etc.

3. Mailing Address
4130 WAUSAU RD
 Suite, Apt. #, etc.

City & State
FT MYERS FL

City & State
FT MYERS FL

4. FEI Number
59-3700368

Applied For
 Not Applicable

Zip
33916

Country
U.S.A.

Zip
33916

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**HARRISON, SYLVIA
 2610 SW EMBERS TERRACE
 CAPE CORAL FL 33991**

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

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 **D** ☐ Delete
 NAME **HARRISON, GILBERT**
 STREET ADDRESS **2610 SW EMBERS TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **D** ☐ Delete
 NAME **HARRISON, SYLVIA**
 STREET ADDRESS **2610 SW EMBERS TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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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 NAME
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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: **Sylvia Harrison** SECRETARY **3-4-02** **941-337-1828**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)