

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000058097**

1. Entity Name

**DUGGAN'S DEDICATED LOGISTICS, INC.**

FILED

02 OCT 10 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

80138020



DO NOT WRITE IN THIS SPACE

Principal Place of Business

213 MERIDA RD  
ST AUGUSTINE FL 32086

Mailing Address

213 MERIDA RD  
ST AUGUSTINE FL 32086

2. Principal Place of Business

213 MERIDA RD  
Suite, Apt. #, etc.

3. Mailing Address

213 MERIDA RD  
Suite, Apt. #, etc.

City &amp; State

ST AUGUSTINE, FL

City &amp; State

ST AUGUSTINE FL

Zip

32086

Country

ST. JOHN'S

Zip

32086

Country

ST. JOHN'S

4. FEI Number

59-3726355

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LEON, LISA M

5095 US 1 SOUTH  
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Same

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
PRES  
MICHAEL D DUGGAN  
213 MERIDA RD  
ST. AUGUSTINE, FL 32086☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
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: *Michael D Duggan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR9/11/02 804-794-7531  
Date Daytime Phone #

CR2E034 (4/02)