

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90239 048 ***150.00

DOCUMENT # P01000113724



1. Entity Name
HIGHWAY ONE LOGISTICS, INC.

Principal Place of Business
675 NE WAX MYRTLE WAY
JENSEN BEACH FL 34957

Mailing Address
675 NE WAX MYRTLE WAY
JENSEN BEACH FL 34957

10025353



2. Principal Place of Business
4043 NE SKYLINE DRIVE
Suite, Apt. #, etc.

3. Mailing Address
P O BOX 938
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
JENSEN BEACH FL
Zip 34957 **Country** USA

City & State
FT PIERCE FL
Zip 34950-0938 **Country** USA

4. FEI Number 65-1157510

Applied For
Not Applicable

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

HUESING, ANN
675 NE WAX MYRTLE WAY
JENSEN BEACH FL 34957

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. 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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D HUESING, ANN 675 NE WAX MYRTLE WAY JENSEN BEACH FL 34957	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D HUESING, DONALD J 4525 DEER RUN ROAD SPRINGFIELD FL 32772	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2435 STRATFORD WAY ORLANDO FL 32837
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:

ANN HUESING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-03 772-232-1925

CR2E034 (10/02)