

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90182 036 \*\*\*150.00

**DOCUMENT #** P02000006986

1. Entity Name

AGCESS LOGISTICS, INC.



Principal Place of Business

403 ANASTASIA BOULEVARD

1  
ST. AUGUSTINE FL 32080

Mailing Address

403 ANASTASIA BOULEVARD

1  
ST. AUGUSTINE FL 32080

2. Principal Place of Business

1200 Plantation Island Dr.

Suite, Apt. #, etc.

Suite 230

City & State

St. Augustine, FL

Zip

32080

Country

US

3. Mailing Address

1200 Plantation Island Dr.

Suite, Apt. #, etc.

Suite 230

City & State

St. Augustine, FL

Zip

32080

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0538317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PLATT, BENJAMIN L

403 ANASTASIA BLVD.

1  
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name KENNETH R. KROGG

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

1200 PLANTATION ISLAND DRIVE, Suite 230

City

ST. AUGUSTINE

FL

Zip Code

32080

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

TITLE NAME ☐ Delete

P  
JONES, GREGORY W  
403 ANASTASIA BLVD, STE. 1  
ST. AUGUSTINE FL 32080

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition

1200 Plantation Island Dr., Suite 230  
St. Augustine, FL 32080

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (10/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03

Date

Daytime Phone #