

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90137 043 ***550.00

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DOCUMENT # P02000094742

1. Entity Name

INTERNATIONAL LOGISTIC SOURCES, INC.



Principal Place of Business

**1621 DOG TRACK RD.
PENSACOLA FL 32506**

Mailing Address

**1621 DOG TRACK RD.
PENSACOLA FL 32506**

2. Principal Place of Business

107 Industrial Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 36100

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

4. FEI Number

76-0711221

Applied For

Not Applicable

Zip

32505

Country

USA

Zip

32516

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLEIN, LAVERN J
1621 DOG TRACK RD.
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name **Lavern J. Klein**

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

6049 Spanish Oak Drive

City

Pensacola

FL

Zip Code

32526

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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**Secretary Treasurer
John A. Lence
514 St. Andrews Drive
Columbia Falls, Mt. 59912**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**Chief Executive Officer
Lavern J. Klein
6049 Spanish Oak Drive
Pensacola, Florida 32526**

**Vice President
James L. Gilbert
9891 Aileron Ave.
Pensacola, Florida 32506**

**Secretary
R. Christopher Walls
4041 East Olive Road
Pensacola, Florida 32514**

**Treasurer
Howard Toepfer
14 Butler St.
Brooklyn, N.Y. 11231**

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

Date

Daytime Phone #

CR2E034 (10/02)