


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

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

08-10-2005 90019 001 \*\*\*150.00  
08-10-2005 90019 002 \*\*\*150.00

DOCUMENT # <b>P64000014287</b>	
1. Entity Name <b>National Truckers Log, Inc</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**66027135**

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>65-1032763</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <b>THE LONGSHOREMEN'S NEWS, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>17150 COLLINS AVE</b> SUITE 101-158 City <b>SUNNY ISLES, FL</b> Zip Code <b>33160</b>		

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 *Stanley Sherman* (NOTE: Registered Agent signature required when reinstating) DATE *Aug 4, 2005*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<b>PRES.</b> <b>Stanley Sherman</b> <b>501 N.E. 14th AVE (Apt #402)</b> <b>Hallandale, FL 33004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley Sherman* DATE *Aug 4, 2005* (786-683) 4363

CR2E034B (12/02)

ATTACHMENT

P8400014257

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Dear Sir,

I am very sorry that my payments were not taken care of on time. I have suffered a couple of strokes in the last couple of years, and have been under heavy medication from my Doctors. I hope my condition will improve with time. Thanks for your understanding.

Yours Truly,

Stanley Sherman

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

DOCUMENT # PD4000014287	
1. Entity Name National Truckers Log, Inc.	

**ATTACHMENT**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

66027135

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 20-0636660	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

**DO NOT WRITE  
IN THIS SPACE**

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name NATIONAL TRUCKERS LOG, INC	
Street Address (P.O. Box Number is Not Acceptable) 2221 N.E. 164th ST	
SUITE # 390	
City No. MIAMI	Zip Code FL 33160

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 Stanley Sherman (NOTE: Registered Agent signature required when reinstating) DATE Aug 4, 2005

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Stanley Sherman 501 N.E. 148 Ave (APT # 402) Hollandale, FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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SIGNATURE: Stanley Sherman DATE Aug 4, 2005 (786 683 4363)

CR2E034B (12/02)