2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State
03-14-2002 90051 032 ***150.00

DOCUMENT # P93000071032

1. Entity Name
LOGISTICAL RECOVERY SYSTEMS, INC.

Principal Place of Business	Mailing Address
8818-B GOODBY'S EXECUTIVE DRIVE JACKSONVILLE FL 32241-7636	P.O. BOX 57636 JACKSONVILLE FL 32241-7636

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6620 SOUTH POINT DR	PO BOX 57636
Suite, Apt. #, etc.: SUITE 601	Suite, Apt. #, etc.:
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32216 Country: USA	Zip: 32241-7636 Country: USA

4. FEI Number 59-3205651 ☐ 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
WILLIAMS, GRADY H JR 1414 KINGSLEY AVE ORANGE PARK FL 32073-4534	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After May 1, 2002 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MCCLUSKEY, NORMAN D 8818 GOODBY'S EXECUTIVE DR., STE B JACKSONVILLE FL 32217	☐ Delete	PTD MCCLUSKEY, NORMAN D 6620 SOUTHPOINT DR #601 JACKSONVILLE FL 32216	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MCCLUSKEY, CHERYL L 8818 GOODBY'S EXECUTIVE DR., STE B JACKSONVILLE FL 32217	☐ Delete	VD SPARKS, TAMMIE A. 6620 SOUTHPOINT DR #601 JACKSONVILLE FL 32216	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	STD MCCLUSKEY, CHERYL L. 6620 SOUTHPOINT DR #601 JACKSONVILLE FL 32216	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E034 (9/01)

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: Norman D. McCluskey 3/05/02 904-296-3308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #