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

## **DOCUMENT #** P93000071032

1. Entity Name

LOGISTICAL RECOVERY SYSTEMS, INC.



**FILED** Feb 19, 2003 8:00 am Secretary of State

02-19-2003 90013 038 \*\*\*150.00



Principal Place of Business   Page 2001   Principal Place of Business	J	<del></del>			WE THE			
2. Principal Place of Business  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State  VILLIAMS, GRADY H JR  1414 KINGSLEY AVE  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  5. The appear need only submits in a statement for the purpose of changing its registered dispart.  City FL Zip Code  5. The appear need only submits in a statement for the purpose of changing its registered online or registered agent, or both, in the State of Fords. I arm binnitize with, and society the configuration of registered agent, or both, in the State of Fords. I arm binnitize with, and society the configuration of registered agent, or both, in the State of Fords. I arm binnitize with, and society  Signature registered agent.  FILE NOWIII FEE/SIS 150.00  After May 1, 2013 Fee-yill be \$550.00  Control in the State of Fords. I arm binnitize with, and society  FILE NOWIII FEE/SIS 150.00  After May 1, 2013 Fee-yill be \$550.00  Control in the State of Fords. I arm binnitize with, and society  FILE NOWIII FEE/SIS 150.00  After May 1, 2013 Fee-yill be \$550.00  Control in the State of Fords. I arm binnitize with, and society  FILE NOWIII FEE/SIS 150.00  City State of Fords Applied to Fords and I registered agent.  FILE NOWIII FEE/SIS 150.00  City State of Fords and Fords agent of Fords and Fords agent of Fords and Fords agent of Fords	6620 SOUT SUITE 601 JACKSONVI	HPOINT DR	P.O. BOX 57636 JACKSONVILLE FL 322					
Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   Cay & State   A. FEI Number 59-3205651   Applied For Not Ap	US						. <b> </b>	
City & State  Country  See 7.5 Additional February  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Street Additions (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City	2. Principa	I Place of Business	3. Mailing Address			-		
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Country   Zrp   Country   S. Certificate of Status Desired   S. 75 Additional   S. 75 A	City & St	ate	City & State			4 FELNumber	ING CHAN	
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  1414 KINGSLEY AVE  CRANGE PARK FL 32073-4534  City  City  FL  Zip Code  8. The above named entity submits this abstement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept the collegations of registered agent, or both, in the State of Florida. I am tamiliar with, and accept th	Zip	Country	<del> </del>			59-3205651		Not Applicable
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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 wirr, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signature, noted or prejectiveness of engineed agent and size if applicable.  PICTE Registered Agent operature required whom releasancy.  PICTE Registered Agent op					Street Address (DO D. N.			
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8. The apove named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am tamiliar with, and accept the coligatories of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!! FEE'S \$150.00  After May 1, 2003 Fee'yill be \$550.00  Make Check Payable to Fiorida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17  TITLE  MAKE  STREET ADDRESS  SITHET ADDRESS  SITH	25 50 5			'		· F	Zip (	Code
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 110 07/07/3 Ft		oreif, shout all a f						

12 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



904-296-3308