

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021383

1. Entity Name

INTERMODAL TRANSPORT SERVICES, INC.

Principal Place of Business

12836 MUIRFIELD BLVD. SO.  
JACKSONVILLE FL 32225

Mailing Address

12836 MUIRFIELD BLVD. SO.  
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FUTCH, J W JR  
12836 MUIRFIELD BLVD. SO.  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FUTCH, J W JR  
12836 MUIRFIELD BLVD. SO.  
JACKSONVILLE FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/11/01  
Date

904-642-3488  
Daytime Phone #

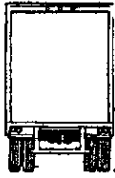
**FILED**  
**Jun 18, 2001 8:00 am**  
**Secretary of State**

06-18-2001 90001 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

attachment  
DH# P94000021383



**ITSI**

INTERMODAL TRANSPORT SERVICES, INC. P.O. BOX 350237, JACKSONVILLE, FL. 32235  
PHONE- 904-642-3488 FAX- 904-642-8481

JUNE 11, 2001

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

ATTACHED IS UNIFORM BUSINESS REPORT FOR INTERMODAL TRANSPORT SERVICES, INC. FOR THE YEAR 2001, AND CHECK # 1365 IN THE AMOUNT OF \$150.00 FOR ANNUAL FEES.

THE REASON WE ARE LATE IN FILING THIS REPORT IS WE HAD TO FILE FOR AN EXTENSION ON OUR FEDERAL TAX RETURN IN APRIL AND UNFORTUNATELY THIS REPORT WAS FILE WITH THOSE TAX PAPERS AND OVERLOOKED UNTIL WE BEGAN THE PROCESS OF FILING OUR FEDERAL TAX RETURN TODAY. UNDER THE CIRCUMSTANCES WE RESPECTIVELY REQUEST THAT THE LATE FEE BE WAIVED.

THANKS VERY MUCH FOR YOUR CONSIDERATION IN THIS MATTER.

SINCERELY,

*John W. Futch, Jr.*

PRESIDENT  
ITSI