

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000083575**

1. Entity Name

CAPITAL LOGISTICS, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90077 042 ***150.00

0482149

Principal Place of Business

**9033 TRADEPORT DR
ORLANDO FL 32827
US**

Mailing Address

**9033 TRADEPORT DR
ORLANDO FL 32827
US**

2. Principal Place of Business

6200 HAZELTINE NATIONAL DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

Zip

32822

Country

USA

Zip

Country

4. FEI Number

59-3301994

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOX, PETER F
9033 TRADE PORT DR
ORLANDO FL 32827**

7. Name and Address of New Registered Agent

Name **FOX, PETER F.**

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

6200 HAZELTINE NATIONAL DRIVE

City

ORLANDO**FL**

Zip Code

32822

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 **PT** ☐ Delete
NAME **FOX, PETER F**
STREET ADDRESS **9033 TRADEPORT DR**
CITY-ST-ZIP **ORLANDO FL 32827**TITLE **VP** ☒ Delete
NAME **MALLUM, LORETTA J**
STREET ADDRESS **9033 TRADEPORT DR**
CITY-ST-ZIP **ORLANDO FL 32827**TITLE **S** ☒ Delete
NAME **CORREIA, DAVID**
STREET ADDRESS **9033 TRADEPORT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32827**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, DIRECTOR** ☒ Change ☐ Addition
NAME **FOX, PETER F.**
STREET ADDRESS **6200 HAZELTINE NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**TITLE **TREASURER** ☐ Change ☒ Addition
NAME **HUNTER, TODD A.**
STREET ADDRESS **6200 HAZELTINE NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **GOLDER, GEORGE A.**
STREET ADDRESS **6200 HAZELTINE NATIONAL DRIVE**
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

**GEORGE A. GOLDER
SECRETARY****4-26-2001**

Date

407-812-1604

Daytime Phone #

CR2E034 (10/00)