

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013003

1. Entity Name  
GULF LOGISTICS CORPORATION

FILED

03 JUN -4 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

7353 NW 35TH ST  
LCR 345 & NW 35TH ST.  
CHIEFLAND FL 32626-7316  
US

Mailing Address

7353 NW 35TH ST  
LCR 345 & NW 35TH ST.  
CHIEFLAND FL 32626-7316  
US

NEW  
Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

124 RODGERS BLVD

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CHIEFLAND, FL

City & State

4. FEI Number

59-3301701

Applied For

Not Applicable

Zip 32626

Country

LEVY

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSE A. FLORES-TORO  
7353 NW 35TH ST  
LCR 345 & NW 35TH ST.  
CHIEFLAND FL 32626

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 reinstalling)

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, 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	P JOSE A. FLORES-TORO 124 RODGERS BLVD. CHIEFLAND FL 32626	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200020540602 06/05/03--01016--029 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200020540602 06/05/03--01016--030 **8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ORIGINAL SIGNATURE 4/15/03	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	#8.75	<input type="checkbox"/> Change <input type="checkbox"/> 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, changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: JOSE A. FLORES-TORO CEO 4/15/03 352-490-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone