

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90056 027 ***150.00

0547532

DOCUMENT # P96000026157

1. Entity Name

INTERNATIONAL LOGISTIC MANAGEMENT SERVICES INC.

Principal Place of Business

**205 S PARK DR
 VENICE FL 34285**

Mailing Address

**P O BOX 926
 VENICE FL 34284**

941774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0654080**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KORZILUS, ERIK V.
 1011 PRINCESS LANE
 VENICE FL 34293**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MAISCH, WALTER P	
STREET ADDRESS	P O BOX 926	
CITY - ST - ZIP	VENICE FL 34284	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAISCH, SONJA	
STREET ADDRESS	P O BOX 926	
CITY - ST - ZIP	VENICE FL 34284	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, SUSANNE	
STREET ADDRESS	P O BOX 926	
CITY - ST - ZIP	VENICE FL 34284	
TITLE		<input type="checkbox"/> Delete
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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:

Susanne Wolf **SUSANNE WOLF GM**

Date

Daytime Phone #

04-06-01 941-480-99

CR2E034 (10/00)