

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004462

1. Entity Name
ICS LOGISTICS, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90206 001 ***300.00

Principal Place of Business

2625 WEST 5TH STREET
JACKSONVILLE FL 32203

Mailing Address

P.O. BOX 41064
JACKSONVILLE FL 32203
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3427742**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPENCE, CARLTON H.
1814 INDUSTRIAL BLVD
JACKSONVILLE FL 32254

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 _____ (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	SPENCE, CARLTON H	
STREET ADDRESS	2625 WEST 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCE, JEFFREY C	
STREET ADDRESS	2625 WEST 5TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32203	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carlton H. Spence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 9, 2001

Date

Daytime Phone #

CR2E034 (10/00)