

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054565

1. Entity Name

GLOBAL LOGISTICS OF TAMPA BAY, INC.

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 026 ***150.00

Principal Place of Business

Mailing Address

3926 ARLINGTON DR.
PALM HARBOR FL 34685

3926 ARLINGTON DR.
PALM HARBOR FL 33767-1972

2. Principal Place of Business

670 ISLAND WAY

3. Mailing Address

670 ISLAND WAY

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

500

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33767-1972

Country

USA

Zip

33767-1972

Country

USA

4. FEI Number

59-3454253

Applied For

Not Applicable

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

THATCHER, ROBERT F
3926 ARLINGTON DR.
PALM HARBOR FL 34685

Name

THATCHER, Robert F

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

670 ISLAND WAY

500

City

CLEARWATER

FL

Zip Code

33767-1972

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

Robert F Thatcher

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, 2000 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
NAME THATCHER, ROBERT F
STREET ADDRESS 3926 ARLINGTON DR.
CITY-ST-ZIP PALM HARBOR FL 34685 ☐ Delete

TITLE D
NAME THATCHER, Robert F. ☒ Change ☐ Add
STREET ADDRESS 670 ISLAND WAY # 500
CITY-ST-ZIP CLEARWATER FL 33767-1972 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Robert F Thatcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-00

Date

888-747-4505

Daytime Phone #

Robert F. THATCHER