

- 2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90185 040 ***150.00

DOCUMENT # P97000064735

1. Entity Name
LOGISTIC SUPPORT SERVICES, INC.

Principal Place of Business 9915 TAMiami TRAIL NORTH, STE. 2 NAPLES FL 34108 521 102ND AVE. N. NAPLES, FL 34108	Mailing Address 9915 TAMiami TRAIL NORTH, STE. 2 NAPLES FL 34108 521 102ND AVE N. NAPLES FL 34108
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 521 102nd AVENUE N. Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State NAPLES, FL	City & State
-----------------------------------	--------------

4. FEI Number 65-0775305	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

Zip 34108	Country	Zip	Country
---------------------	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

LAMB, JEFFREY R
~~9915 TAMiami TRAIL NORTH, STE. 2~~
NAPLES FL 34108

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PODOMINICK, JUNELL 521 102ND AVE., NORTH NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Junell Podominick* **JUNELL PODDOMINICK** Date _____ Daytime Phone # **941-594-0582**

CP2E034 (10/00)