

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90809 022 ***150.00

DOCUMENT # P97000064735

1. Entity Name
LOGISTIC SUPPORT SERVICES, INC.

BU126579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
S21 102nd Avenue North
Suite, Apt. #, etc.

3. Mailing Address
S21 102nd Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, FL
Zip
34108

Country
USA

City & State
Naples, FL
Zip
34108

Country
USA

4. FEI Number
65-0775305

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name J. Arrey Lamb
Street Address (P.O. Box Number is Not Acceptable)
868 106th Avenue North
City Naples FL Zip Code 34108

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] J. Arrey R. Lamb DATE 4/30/02
Signature, typed or blank (some of which are not acceptable) (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$300.00
Amended UBR is \$81.25
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	<u>D Juncell Podominick S21 102nd Avenue N. Naples, FL 34108</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Juncell Podominick DATE 5/1/02 Daytime Phone # 239 544 0582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment 30126579

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 2, 2002

LOGISTIC SUPPORT SERVICES, INC.
521 102ND AVENUE NORTH
NAPLES, FL 34108

Subject: LOGISTIC SUPPORT SERVICES, INC.

Reference Number: P97000064735

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC
ANNUAL REPORTS SECTION