

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 13 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0109654 AV

DOCUMENT # P97000064735

1. Entity Name  
LOGISTIC SUPPORT SERVICES, INC.



Principal Place of Business  
521 102ND AVENUE NORTH  
NAPLES FL 34108

Mailing Address  
521 102ND AVENUE NORTH  
NAPLES FL 34108

2. Principal Place of Business  
521 102nd Ave No  
Suite, Apt. #, etc.

3. Mailing Address  
521 102nd Ave No  
Suite, Apt. #, etc.

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



REINSTATEMENT 03  
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
LAMB, JEFFREY R  
868 106TH AVENUE NORTH  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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

11. 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	30002375225 10/13/03--01074--007 **150.00 <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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: \_\_\_\_\_ Date: 9/8/03 Daytime Phone # \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

CR2E034 (4/03)

9/10/15

Attachment

90155408  
PA700004735

Attachment

#D9700004735

Sept 10, 2003

Re: Uniform Business Report for  
Logistics Support Service

Attached is a check in the amount  
of \$150.00. Logistic Support  
Services did not receive the  
original (prior) notice.

Sincerely,

Yunil Colominid  
President