

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081011

1. Entity Name

CUSTOM DIRECT LOGISTICS, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90001 038 ***150.00

Principal Place of Business 4828 N. KINGS HIGHWAY SUITE 128 FORT PIERCE FL 34951 US	Mailing Address 4828 N. KINGS HIGHWAY SUITE 128 FORT PIERCE FL 34951-2203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 923 JACKSON WAY Suite, Apt. #, etc.	3. Mailing Address PO Box 3429 Suite, Apt. #, etc.
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City & State Ft Pierce FL	City & State Ft Pierce FL	4. FEI Number 65-0783269	Applied For <input type="checkbox"/> Not Applicable
Zip 34949	Country USA	Zip 34948	Country USA

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

6. Name and Address of Current Registered Agent LEVINE & SEGAUL, P.A. STE. A-106, 4300 N. UNIVERSITY DR. FT. LAUDERDALE FL 33351

7. Name and Address of New Registered Agent Name: John Joseph McHugh, JR - Atty Street Address (P.O. Box Number is Not Acceptable): 333 17 Street Suite U City: VERO Beach FL Zip Code: 32960
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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: *Linda Lepro* (NOTE: Registered Agent signature required when reinstating) DATE: 3-28-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEPRO, LINDA 8883 PENSACOLA ROAD FT. PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	923 JACKSON WAY Ft Pierce FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEPRO, MICHAEL 8883 PENSACOLA ROAD FORT PIERCE FL 34951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	923 JACKSON WAY Ft Pierce FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Linda Lepro* LINDA LEPRO 3-28-00 561-460-3177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #