

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000004201

FILED
Jan 19, 2003
Secretary of State

Entity Name: SPECIALTY FREIGHT SERVICES, INC.

Current Principal Place of Business:

2021 ART MUSEUM DR
STE 140
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

1461 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

Current Mailing Address:

2021 ART MUSEUM DR
STE 140
JACKSONVILLE, FL 32207 US

New Mailing Address:

PO BOX 5922
JACKSONVILLE, FL 32247 US

FEI Number: 59-3485910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHRIE, LISA LYNN
2021 ART MUSEUM DR
STE 140
JACKSONVILLE, FL 32207

Name and Address of New Registered Agent:

EHRIE, LISA LYNN
1461 HENDRICKS AVE.
JACKSONVILLE, FL 32247 US

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:

01/19/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EHRIE, LISA LYNN
Address: 4145 SAN REMO DR
City-St-Zip: JACKSONVILLE, FL 32217

Title: VT () Delete
Name: BEVERIDGE, MICHAEL J
Address: 78 NAUGETAK DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: BEVERIDGE, MICHAEL J
Address: 78 NAUGETUK DR
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA EHRIE LYNN

PSD

01/19/2003

Electronic Signature of Signing Officer or Director

Date