

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91575 039 ***150.00

DOCUMENT # P98000033161

1. Entity Name
APL LOGISTICS OF PUERTO RICO, INC.

Principal Place of Business
1301 RIVERPLACE BLVD., SUITE 1200
JACKSONVILLE FL 32207

Mailing Address
~~1301 RIVERPLACE BLVD., SUITE 1200~~
~~JACKSONVILLE FL 32207~~

2. Principal Place of Business

3. Mailing Address

Tax Dept.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oakland, CA

4. FEI Number **59-3529840**

Applied For

Not Applicable

Zip

Country

Zip

Country

94607

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICOSIA, JOSEPH A	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, MICHAEL J	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WISE, BRUCE	
STREET ADDRESS	1301 RIVERPLACE BLVD., SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard M. Metzler	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	
TITLE	T/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ncal E. West	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ann F. Hasse	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Villalon	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Gardner	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Chamon	
STREET ADDRESS	1111 Broadway	
CITY-ST-ZIP	Oakland, CA 94607	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)