

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000059619**

1. Entity Name

DBF LOGISTICS, INC.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90034 018 ***150.00

Principal Place of Business

Mailing Address

9020 ARNDALE CIRCLE
TAMPA FL 336159020 ARNDALE CIRCLE
TAMPA FL 33685-0875

2. Principal Place of Business

19807 GULF BLVD.

Suite, Apt. #, etc.

104

3. Mailing Address

P.O. BOX 260875

Suite, Apt. #, etc.

C0017283



DO NOT WRITE IN THIS SPACE

City & State

INDIAN SHORES, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33785

Country

USA

Zip

33685

Country

USA

4. FEI Number

59-3520771

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, BRADFORD
9020 ARNDALE CIRCLE
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name

FITZGERALD, BRADFORD

Street Address (P.O. Box Number is Not Acceptable)

19807 GULF BLVD. #104

City

INDIAN SHORES**FL**Zip Code
33785

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **FITZGERALD, BRADFORD**
STREET ADDRESS **9020 ARNDALE CIR**
CITY-ST-ZIP **TAMPA FL 33615**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **FITZGERALD, BRADFORD**
STREET ADDRESS **19807 GULF BLVD. #104**
CITY-ST-ZIP **INDIAN SHORES, FL. 33785**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Bradford T. Fitzgerald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

813-294-9698

Daytime Phone #