

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90034 018 \*\*\*150.00

**DOCUMENT # P98000059619**

1. Entity Name

**DBF LOGISTICS, INC.**

Principal Place of Business

Mailing Address

9020 ARNDALE CIRCLE  
 TAMPA FL 33615

9020 ARNDALE CIRCLE  
 TAMPA FL 33685-0875

00017283



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**19807 GULF BLVD.**  
 Suite, Apt. #, etc.  
**104**

3. Mailing Address

**P.O. BOX 260875**  
 Suite, Apt. #, etc.

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 State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PS	FITZGERALD, BRADFORD	9020 ARNDALE CIR	TAMPA FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PS	FITZGERALD, BRADFORD	19807 GULF BLVD. #104	INDIAN SHORES, FL. 33785	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 S. Fitzgerald*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

Date

813-294-9698

Daytime Phone #