

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**  
 05-23-2002 90111 030 \*\*\*158.75

**DOCUMENT # P98000071751**

1. Entity Name  
**EAGLE LOGISTICS SYSTEMS, INC.**

Principal Place of Business  
**1300 PARK OF COMMERCE BLVD.  
 SUITE 261  
 DELRAY BEACH FL 33445**

Mailing Address  
**1301 WEST NEWPORT CENTER DRIVE  
 DEERFIELD BEACH FL 33442-7734**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number **65-0857160** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TAYLOR, EDWARD J  
 1300 PARK OF COMMERCE BLVD.  
 SUITE 261  
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent  
 Name **Robert J. Browne**  
 Street Address (P.O. Box Number is Not Acceptable) **1301 W. Newport Center Drive**  
 City **Deerfield Bch** **FL** Zip Code **33442**

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 (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. ☐ **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                      | VP <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | CALON, CARMEN                      |  | NAME  |   |  |
| STREET ADDRESS             | 1300 PARK OF COMMERCE BLVD.        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33445              |  | CITY-ST-ZIP   |   |  |
| TITLE                      | P <input type="checkbox"/> Delete  |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MAYR, JEFF                         |  | NAME  |   |  |
| STREET ADDRESS             | 1300 PARK OF COMMERCE BLVD.        |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | DELRAY BEACH FL 33445              |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                    |  | NAME  |   |  |
| STREET ADDRESS             |                                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                    |  | NAME  |   |  |
| STREET ADDRESS             |                                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                    |  | NAME  |   |  |
| STREET ADDRESS             |                                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete    |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                                    |  | NAME  |   |  |
| STREET ADDRESS             |                                    |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |                                    |  | 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: **4/25/02** **9543606900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)