

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90031 047 ***158.75

DOCUMENT # P98000086018

1. Entity Name

LOGISTICAL RELOCATION SERVICES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

1460 SE 15TH STREET
UNIT A
FORT LAUDERDALE FL 33316

1460 SE 15TH STREET
UNIT A
FORT LAUDERDALE FL 34119-8823

904904

2. Principal Place of Business

11099 Longshore Way W.
Suite, Apt. #, etc.

3. Mailing Address

11099 Longshore Way W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

4. FEI Number

65-0868691

Applied For

Not Applicable

Zip

34119

Country

USA

Zip

34119

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEMP, ROBERT
1460 SE 15TH STREET
UNIT A
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Kemp Robert**

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

11099 Longshore Way West

City

Naples

FL

Zip Code

34119

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

(NOTE: Registered Agent signature required when reinstating)

1-18-00

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 **P** ☐ Delete
NAME **KEMP, ROBERT L**
STREET ADDRESS **1460 SE 15TH STREET UNIT A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **P** ☐ Delete
NAME **Kemp Robert L.**
STREET ADDRESS **11099 Longshore Way West**
CITY-ST-ZIP **Naples FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Robert L Kemp**
STREET ADDRESS **11099 Longshore Way W**
CITY-ST-ZIP **Naples FL 34119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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: *[Signature]*

Robert L. Kemp

1-18-00

941-566-2476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)