2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9900021716 1. Entity Name					Jan 18, 2000 8:00 am Secretary of State			
MAX Q L	OGISTICS, INC.				01-18-2000 9007			
Principal Plac	e of Business	Mailing Address						
660 S. BANANA RIVER DR. MEWRRITT ISLAND FL 32952		660 S. BANANA RIVER DR. MEWRRITT ISLAND FL 32952-2711			υυ	1020		
2. Principal Place of Business		3. Mailing Address)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Merrit Island FL		Merritt Island, Fi			FEI Number 59-3566402		oplied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	. □ \$8.75 Add		
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Reg			
ZICK, HOLLY J 660 S. BANANA RIVER DR. MEWRRITT ISLAND FL 32952			Street A	Zick ddress (P.O. B OS, B	Holly J Box Number is No Acceptable) A MA MA RIVER D		-	
			City	witt	Island	FL 329	52	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office or	registered aç	gent, or both, in the State of Florid	ta.		
SIGNATURE .	Signatury typyd y gwydd name of registered agent a	and title if applicable (NOTE: R	Zic C Registered Agent signatu	ure required when	reinstating)	1199 DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! After MAY 1, 2000 Make Check Payable		50.00	Election Campaign Finar Trust Fund Contribution.)0 May Be d to Fees	
11.	OFFICERS AND		12.	A	DDITIONS/CHANGES TO OFFIC		S IN 11	
TITLE NAME	D ZICK, JOHN J	☐ Delete	TITLE NAME	3 510 4	Ziek, John J s. Banana River	Change		
STREET ADDRESS	660 S. BANANA RIVER DR.		STREET ADDRESS					
CITY-ST-ZIP	MEWRRITT ISLAND FL 32952		CITY-ST-ZIP	_	tt Island, FC			
NAME STREET ADDRESS	ZICK, HOLLY J 660 S. BANANA RIVER DR.	☐ Delete	NAME STREET ADDRESS	21cK,	Holly I Bandna River itt Island, Fe	DR,		
CITY-ST-ZIP	MEWRRITT ISLAND FL 32952	Delete	CITY-ST-ZIP	merr	ICC ISLANG, FE	Change		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	`.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address v	true and accurate and that my wered to execute this report as	signature shall h	ave the same	llegal effect as if made under oat	th: that I am an officer	or director	

PREDURTOL T. Zick
PRINTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LII LD