

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067947

1. Entity Name JET LOGISTICS, INC.  
13555 AUTOMOBILE BLVD., SUITE 300  
CLEARWATER, FL 33762

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90316 029 \*\*\*150.00

Principal Place of Business Mailing Address 13555 Automobile Blvd.  
13555 AUTOMOBILE BLVD., SUITE 300 Ste. 300  
CLEARWATER, FL 33762 Clearwater, FL  
33762

2. Principal Place of Business 4430 E. ADAMO DRIVE  
Suite, Apt. #, etc. UNIT #306  
City & State TAMPA, FL

3. Mailing Address 4430 E. ADAMO DRIVE  
Suite, Apt. #, etc. UNIT #306  
City & State TAMPA, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3618342 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

JEREMY E. GLUCKMAN  
707 N. FRANKLIN STREET  
FOURTH FLOOR  
TAMPA, FL 33602

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

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          | DPT                              | <input type="checkbox"/> Delete |
| NAME           | ORMEROD, THOMAS C                |                                 |
| STREET ADDRESS | 13555 AUTOMOBILE BLVD., STE. 300 |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33762             |                                 |
| TITLE          | V                                | <input type="checkbox"/> Delete |
| NAME           | HAMMON, WALTER W.                |                                 |
| STREET ADDRESS | 13555 AUTOMOBILE BLVD., STE. 300 |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33762             |                                 |
| TITLE          | S                                | <input type="checkbox"/> Delete |
| NAME           | ORMEROD, BONNIE M.               |                                 |
| STREET ADDRESS | 13555 AUTOMOBILE BLVD., STE. 300 |                                 |
| CITY-ST-ZIP    | CLEARWATER, FL 33762             |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |
| TITLE          |                                  | <input type="checkbox"/> Delete |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 4430 E. ADAMO DRIVE, UNIT #306 |  |
| CITY-ST-ZIP    | TAMPA, FL 33605                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 4430 E. ADAMO DRIVE, UNIT #306 |  |
| CITY-ST-ZIP    | TAMPA, FL 33605                |  |
| TITLE          |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                |  |
| STREET ADDRESS | 4430 E. ADAMO DRIVE, UNIT #306 |  |
| CITY-ST-ZIP    | TAMPA, FL 33605                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                |  |
| STREET ADDRESS |                                |  |
| CITY-ST-ZIP    |                                |  |
| TITLE          |                                | <input type="checkbox"/> Change <input type="checkbox"/> 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 without address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. ORMEROD

4/28/00

Date

813-247-6797

Daytime Phone #

CR2E034 (9/99)