

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90014 020 ***150.00

0568466 AT

DOCUMENT # P99000077852

1. Entity Name
SANCHEZ LOGISTICS, INC.

Principal Place of Business

**9870 EVANS ROAD
 POLK CITY FL 33868**

Mailing Address

**P.O. BOX 9
 POLK CITY FL 33868**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9960 Evans Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Polk City FL

City & State

4. FEI Number

59-3597138

Applied For

Not Applicable

Zip

33868

Country

Polk

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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, 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 SANCHEZ, ROBERT P
 9870 EVANS ROAD
 POLK CITY FL 33868** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**ST
 SANCHEZ, SHARON
 9870 EVANS RD
 POLK CITY FL 33868** ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
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 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

Sharon L. Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/02 8639845706
 Date Daytime Phone #

CR2E034 (9/01)