

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084876

1. Entity Name

LAKE CITY LOGISTICS OF JACKSONVILLE, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90061 016 ***150.00

Principal Place of Business

202 W. MARKET RD., #7
STARKE FL 32091

Mailing Address

202 W. MARKET RD., #7
STARKE FL 32091

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Eufaula AL

Zip

Country

Zip

Country

36072

4. FEI Number

63-1242687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, JIM
20953 NW 55TH AVE.
LAWTEY FL 32058

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

Jim Lawrence

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

(NOTE: Registered Agent signature required when reinstating)

8-23-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PT
NAME BROWN, STEVE
STREET ADDRESS 103 OLYMPIA DR.
CITY-ST-ZIP EUFAULA AL 36027 ☐ Delete

TITLE V
NAME LAWRENCE, JIM
STREET ADDRESS 20953 NW 55TH AVE.
CITY-ST-ZIP LAWTEY FL 32058 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-00

Date

334-616-6100

Daytime Phone #

CR20034 (5/00)

JOHN D. DeLOACH
CERTIFIED PUBLIC ACCOUNTANT
115 RIVERSIDE DRIVE
POST OFFICE BOX 9
EUFAULA, ALABAMA 36027

Attachment
P99 0000 84876
DU582185

MEMBER:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

TELEPHONE (334)687-2108
(334)687-2168
FAX (334)687-2144

JOHN D. DeLOACH, CPA

RICHARD W. WINGATE, CPA

July 31, 2000

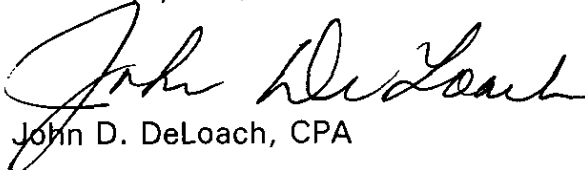
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Fl. 32302-1500

RE: Lake City Logistics
P99000084876

Dear Ms. Harris:

Enclosed please find a check in the amount of \$ 150.00 and the completed 2000 UBR for the annual filing of the above named corporation. We are asking that the penalty be abated since we did not receive the first notice report. Thank you in advance for your cooperation with this matter.

Sincerely yours,


John D. DeLoach, CPA