

*** AMENDED ***
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

03-12-2003 90013 012 *****50.00

FILED
 2003 MAR 18 PM 4:09
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

DOCUMENT # **L02000006A26**
 1. Entity Name
G.P.S. Fleet Solutions, LLC

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2. Principal Place of Business 19046 Bruce B Downs #143		3. Mailing Address 19046 Bruce B Downs #143		4. FEI Number 30-0073465	Applied For
Suite, Apt., etc. #143		Suite, Apt., etc. #143			Not Applicable
City & State Tampa, FL		City & State Tampa, FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33647	Country USA	Zip 33647	Country USA		

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7. Name and Address of Current Registered Agent

Name
Eron Iler

Street Address (P.O. Box Number is Not Acceptable)
19046 Bruce B Downs #143

City
Tampa FL Zip Code
33647

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

FEES: \$50.00
 (Make Check Payable to Department of State)
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE President / Mgr	NAME Eron Iler
STREET ADDRESS 19046 Bruce B Downs #143	
CITY - ST - ZIP Tampa, FL 33647	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Eron C. Iler **Eron C. Iler** 3-6-03 813-910-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

CR2E083B (12/01)