

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90077 019 \*\*\*\*\*50.00

0006828

**DOCUMENT # L00000001031**

1. Entity Name

**MID-NITE HAULERS, LLC**



Principal Place of Business

**3625 ROLLIN 'O LANE  
APOPKA FL 32703**

Mailing Address

**3625 ROLLIN 'O LANE  
APOPKA FL 32703**

**90154781**

2. Principal Place of Business

3. Mailing Address

**2225 Hazelhurst Ave**

**2225 Hazelhurst Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL**

City & State

**ORLANDO FL**

Zip

**32804**

Country

**USA**

Zip

**32804**

Country

**USA**

4. FEI Number

**59-3615671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, EDWARD D  
3625 ROLLIN 'O LANE  
APOPKA FL 32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

*Edward S. Johnson*

DATE

**9/3/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**President  
Edward S. Johnson  
3625 Rollin 'O Ln Apopka  
FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

**Vice-President  
Ann Johnson  
3625 Rollin 'O Ln Apopka  
FL 32703**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 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 otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Edward S. Johnson*

Date

**9/3/03**

Daytime Phone #

**407  
521-0888**

CR2E083 (4/03)