

2001 UNIFORM BUSINESS REPORT (UBR)

0025436 AF

DOCUMENT # L00000001457

1. Entity Name
HEAVY-DUTY ONLINE, LLC

FILED

01 JAN 26 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3199 YARMOUTH AVENUE
DELTONA FL 32738

Mailing Address
3199 YARMOUTH AVENUE
DELTONA FL 32738

2. Principal Place of Business

3. Mailing Address

P.O. Box 390901

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELTONA, FLORIDA

4. FEI Number

59-3627666

Applied For

Not Applicable

Zip

Country

Zip

Country

32739-0901

USA

5. Certificate of Status Desired ☒ \$5.00. Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROCKE, PAMELA L
3199 YARMOUTH AVENUE
DELTONA FL 32738

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 *Pamela L Grocke*

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

(NOTE: Registered Agent signature required when reinstating)

1/21/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003654861--7
-02/06/01--01105--005
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGING MEMBER
JOHN GROCKE
3199 YARMOUTH AVE.
DELTONA, FL 32738

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 trustee 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

Date

Daytime Phone #

John B. Grocke

1/21/01 407-467-6322

CR2E083 (11/00)