

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0024916 AF

DOCUMENT # L00000002366

1. Entity Name

C & M TRUCKING, LLC

01 MAY -1 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10503 WOODVILLE HIGHWAY
WOODVILLE FL 32311

Mailing Address

P.O. BOX 1552
WOODVILLE FL 32362



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

10503 Woodville Highway

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number

59-3627996

Applied For

Not Applicable

Zip

32311

Country

Leon

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BURDESHAW, CHARLES WAYNE
10503 WOODVILLE HIGHWAY
WOODVILLE FL 32311

7. Name and Address of New Registered Agent

Name

Burdeshaw, Charles Wayne

Street Address (P.O. Box Number is Not Acceptable)

10503 Woodville Highway

City

Tallahassee

FL

Zip Code

32311

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

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

200004137812--4
-05/07/01--01014--026
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BURDESHAW, CHARLES WAYNE
P.O. BOX 1552
WOODVILLE FL 32362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BURDESHAW, MARGARET FAY
P.O. BOX 1552
WOODVILLE FL 32362 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

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

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

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☐ 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Charles Wayne Burdeshaw

5-1-2001

(850) 421-7775

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

Date

Daytime Phone #

CR2E083 (11/00)