

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002722

1. Entity Name

TEAMTRANSPORTATION, L.L.C.

Principal Place of Business

Mailing Address

1714 FRANKFORD AVE.  
PANAMA CITY FL 32405

PO BOX 16087  
PANAMA CITY FL 32406-6087

2. Principal Place of Business

1714 Frankford Avenue

3. Mailing Address

PO Box 16087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

Zip

32406

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DERRICK  
112 E. THIRD COURT  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Derrick Bennett

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

112 East Third Court

City Panama City

FL

Zip Code 32401

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  
Due By September 26, 2001

400004737214-5  
12/24/01-01005-008  
\*\*\*\*300.00 \*\*\*\*150.00

9. MANAGING MEMBERS/MANAGERS

TITLE mgr  
NAME Magee, Terrell  
STREET ADDRESS 3312 State Avenue  
CITY-ST-ZIP Panama City, FL 32405

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400004737214-5  
12/24/01-01005-008  
\*\*\*\*300.00 \*\*\*\*150.00

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

REINSTATEMENT

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 REQUIRED

10/31/01 (850)769-6683

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

Date

Daytime Phone #

0008419

CR2E083 (5/01)

STAPLE CHECK HERE

FILED

01 DEC 17 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE