

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005668

1. Entity Name
WHEELS ON WHEELS, L.L.C.

Principal Place of Business
306 EAST OLYMPIA AVE.
PUNTA GORDA FL 33951-0400

Mailing Address
306 EAST OLYMPIA AVE.
PUNTA GORDA FL 33951-0400



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business
160 CONCORD DR., NE
Suite, Apt. #, etc.

3. Mailing Address
160 CONCORD DR., NE
Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL
Zip
33952
Country

City & State
PORT CHARLOTTE, FL
Zip
33952
Country
CHARLOTTE

4. FEI Number
65-1008419

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROONEY, J. MICHAEL
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

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.

SIGNATURE *M. L. Frame-Inman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/26/01**

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

800003996408--7
04/13/01-01027-018
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **PRES**
NAME **RUSSELL A. INMAN**
STREET ADDRESS **160 CONCORD DR., N.E.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **V-P**
NAME **M.L. FRAME-INMAN**
STREET ADDRESS **160 CONCORD DR., NE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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10. ADDITIONS/CHANGES

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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)(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: *M. L. Frame-Inman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-26-01 **928-0229**
Date Daytime Phone #

CR2E083 (11/00)