

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90455 027 \*\*\*\*50.00

**DOCUMENT # L00000005668**

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

Principal Place of Business

160 CONCORD DR., NEE.  
 PORT CHARLOTTE FL 33952

Mailing Address

160 CONCORD DR., NEE.  
 PORT CHARLOTTE FL 33952

969174

2. Principal Place of Business

160 CONCORD Dr., N.E.

Suite, Apt. #, etc.

3. Mailing Address

160 CONCORD Dr., N.E.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 PORT CHARLOTTE, FL

Zip

Country

33952 CHARLOTTE

City & State  
 PORT CHARLOTTE, FL

Zip

Country

33952 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

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_  
 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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS INMAN, RUSSELL A  
 CITY-ST-ZIP 160 CONCORD DR., NEE.  
 PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition  
 NAME 160 CONCORD Dr., N.E. ☒ Correction  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME V  
 STREET ADDRESS FRAME-INMAN, M.L.  
 CITY-ST-ZIP 160 CONCORD DR., NEE.  
 PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition  
 NAME 160 CONCORD Dr., N.E. ☒ Correction  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

6/8/02 941-928-0229

Date

Daytime Phone #

CR2E083 (9/01)