

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007330

1. Entity Name
T & W DIRTWORKS, L.L.C.

Principal Place of Business
1340 PINEY GROVE ROAD
CHIPLEY FL 32428

Mailing Address
PO BOX 280
CHIPLEY FL 32428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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 -

7. Name and Address of New Registered Agent

TRAWICK, JAMES L JR.
1340 PINEY GROVE ROAD
CHIPLEY FL 32428

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

(NOT) Registered Agent signature required when reinstating

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS TRAWICK, JAMES L JR.
CITY - ST - ZIP 1340 PINEY GROVE ROAD
CHIPLEY FL 32428 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP 300004273215-8
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
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CITY - ST - ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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:

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

Date

Daytime Phone #

4-30-01

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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