

2001 UNIFORM BUSINESS REPORT (UBR)

0004558 AF

DOCUMENT # L00000007655

1. Entity Name

MIKE'S TRANSPORT, LLC.

FILED

01 MAY -8 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

34440 Donna Vista Place
Suite, Apt. #, etc.

3. Mailing Address

34440 Donna Vista Place
Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

Zip

32736

Country

USA

Zip

32736

Country

USA

4. FEI Number

59-365664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

HJH

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-13-01

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR RILEY, JAMES M 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
34440 Donna Vista Place EUSTIS, FL 32736

☐ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ 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 #

CR2E083 (11/00)