

2001 UNIFORM BUSINESS REPORT (UBR)

0023482 AF

DOCUMENT # L00000011086

1. Entity Name

KEY LINE EXPRESS LLC

FILED

01 FEB -2 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1012 S.E. KITCHING COVE LANE
PORT ST. LUCIE FL 34952

Mailing Address

1012 S.E. KITCHING COVE LANE
PORT ST. LUCIE FL 34952

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

65-1039285

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

CORCORAN, WILLIAM H
1012 S.E. KITCHING COVE LANE
PORT ST. LUCIE FL 34952

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME MEMBER
STREET ADDRESS MICHAEL HOWE
CITY-ST-ZIP 11915 MOODY LANE
HARTLAND MI 48353

TITLE ☐ Change ☐ Addition
NAME 500003677795-6
STREET ADDRESS -02/13/01--01104--022
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME MANAGING MEMBER
STREET ADDRESS WILLIAM H. CORCORAN
CITY-ST-ZIP 1012 S.E. KITCHING COVE LANE
PORT ST. LUCIE FL 34952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

CR2E083 (11/00)

561

1-14-01

331-7592