

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90143 004 \*\*\*\*50.00

**DOCUMENT # L00000011106**

1. Entity Name

**SEABOARD TRANSPORTATION L.L.C.**

Principal Place of Business

2800 EAST TAMARIND AVENUE  
 WEST PALM BEACH FL 33401

Mailing Address

972 SPRINGDALE COURT  
 PALM SPRINGS FL 33461

2. Principal Place of Business

*2500 E. Tamarind Av.*

3. Mailing Address

Suite, Apt. #, etc.

City & State

*West Palm Beach Fl.*

City & State

Zip

*33407*

Country

*Palmbch.*

Country

4. FEI Number

**65-1039374**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAVID LEE OWENS**  
**972 SPRINGDALE COURT**  
**PALM SPRINGS FL 33461**

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

*Pd. Check # 1392*

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	DAVID LEE OWENS	972 SPRINGDALE CT.	PALM SPRINGS FL 33461	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *David Lee Owens* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-28-02*  
 Date

Daytime Phone #

CR2E083 (9/01)

960847



DO NOT WRITE IN THIS SPACE