

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016761 AF

DOCUMENT # L00000011747

1. Entity Name  
TROLLEY LEASING, LLC

FILED

01 MAR -7 PM12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8809 CROSS LANDING LANE  
RIVERVIEW FL 33569

Mailing Address  
8809 CROSS LANDING LANE  
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
155 North Lopez Lane  
Suite, Apt. #, etc.

3. Mailing Address  
P O Box 678  
Suite, Apt. #, etc.

City & State  
Chokoloskee FL  
Zip  
34138  
Country  
U.S.A.

City & State  
Eugene City, FL  
Zip  
34139  
Country  
U.S.A.

4. FEI Number  
59-3678313  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MILLS, RICHARD  
8809 CROSS LANDING LANE  
RIVERVIEW FL 33569

## 7. Name and Address of New Registered Agent

Name  
M. Mills, Richard  
Street Address (P.O. Box Number is Not Acceptable)  
155 North Lopez Lane  
City  
Chokoloskee FL Zip Code  
34138

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

1/29/01

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Richard Mills  
155 North Lopez Lane  
Chokoloskee, FL 34138 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
700003887777-8  
-03/20/01-01030-001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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 REQUIRED

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

Date

Daytime Phone #

1/29/01

CR2E083 (11/00)