

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000012896**

1. Entity Name

ROONEY TRUCK CENTER, L.C.

Principal Place of Business

**1760 EXECUTIVE RD.
WINTER HAVEN FL 33884**

Mailing Address

**PO BOX 1480
WINTER HAVEN FL 33882**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**ROONEY, EDWARD J
1760 EXECUTIVE DR.
WINTER HAVEN FL 33884**

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**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME **Michael J. Rooney & Candace B. Rooney, his wife** ☐ Delete
STREET ADDRESS **3 Cypress Cove Rd., S.E. MGRM**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE NAME **Edward J. Rooney & B. Elise Rooney, his wife** ☐ Delete
STREET ADDRESS **3112 Post Oak Court MGRM**
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE NAME **Daniel P. Rooney** ☐ Delete
STREET ADDRESS **114 Winter Ridge Cr. MGRM**
CITY-ST-ZIP **Orlando, FL 32835**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS **800004163538--6**
CITY-ST-ZIP **-05/08/01--01135--024**
*******50.00 *****50.00**

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

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

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: **Daniel P. Rooney** 3/22/2001 863-294-4468

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

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 APR 25 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE