

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90030 045 ****50.00

DOCUMENT # L00000013330

1. Entity Name

TRANSPORTATION RESOURCES, L.L.C.

Principal Place of Business

**7530-1 ALTON AVENUE
JACKSONVILLE FL 32211**

Mailing Address

**7530-1 ALTON AVENUE
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

3727 Vickers Lake Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

4. FEI Number **APPLIED FOR**
59-3723299

Applied For

Not Applicable

Zip

Country

32224

U.S.A.

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

KOLLEN, GLENN H

**2879 VILLAGE GROVE DR. N. 3727 Vickers Lake Dr.
JACKSONVILLE FL 32257 JACKSONVILLE, FL
32224**

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **KOLLEN, GLENN H**
STREET ADDRESS **2879 VILLAGE GROVE DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **3727 Vickers Lake Dr.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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 #

1/19/02 904-716-1147

CR2E083 (9/01)