

2001 UNIFORM BUSINESS REPORT (UBR)

0026350 AF

DOCUMENT # L00000013709

1. Entity Name
GS TRANSIT, LLC

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5499 NOKOMIS ~~CIRCLE~~ *Circle*
ORLANDO FL 32839

Mailing Address

5499 NOKOMIS ~~CIRCLE~~
ORLANDO FL 32839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5499 NOKOMIS CIRCLE

3. Mailing Address

5499 NOKOMIS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number

59-3681366

Applied For

Not Applicable

Zip
32839

Country

Zip

32839

Country

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

HODGES, GEORGE

585 SOUTH CR-427, SUITE 121

LONGWOOD FL 32750-5462

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

700004315937--8
-05/24/01--01098--004
*****50.00 *****50.00

CR2E083 (11/00)

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
M
ULRICK LOUIS
5499 NOKOMIS CIRCLE
ORLANDO, FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

ULRICK LOUIS

ULRICK LOUIS

4/27/01 (407)816-1133

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

Date

Daytime Phone #