

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014441

1. Entity Name

BEACHSIDE TRUCK LEASING, LLC

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 029 ****50.00

Principal Place of Business

140 TOMAHAWK DRIVE
INDIAN HARBOUR BEACH FL 32937

Mailing Address

101 CENTRAL RD.
INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEE Number **APPLIED FOR**
59-3690190

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOOPER, KIM B
101 CENTRAL ROAD
INDIAN HARBOUR BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Hooper, Kim B., TTEE

Street Address (P.O. Box Number is Not Acceptable)

101 Central Rd

City

Indian Harbour Bch

FL

Zip Code
32937

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kim B. Hooper, TTEE

7-12-02

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOOPER, KIM B
P.O. BOX 580
COCOA FL 32923-0580 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Hooper Family Trust
Kim Hooper, Trustee
101 Central Rd
Indian Harbour Bch, FL 32937 ☒ 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

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:

Kim B. Hooper, TTEE

7-12-02

(321) 777-6464

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

Date

Daytime Phone #

CR2E083 (4/02)