

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 038 ****55.00

DOCUMENT # L01000002032

1. Entity Name
BEE LINE EXPRESS LLC

Principal Place of Business

1453 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

Mailing Address

1453 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

955213

11310 Cayman Key Ave **11310 Cayman Key Ave**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33624

USA

33624

USA

4. FEI Number

593697730

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **John Burdette Bailey**

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

4141 Old Mill Cove Tr.E.

Jacksonville, FL 32277

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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 **MGR** ☐ Delete
NAME **BAILEY, JOHN BURDETTE**
STREET ADDRESS **1453 OCEAN SHORE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Bailey, John Burdette**
STREET ADDRESS **11310 Cayman Key Ave**
CITY-ST-ZIP **Tampa FL 33624**

TITLE **MGR** ☐ Delete
NAME **VIOLAINE MORIN, NATHALIE**
STREET ADDRESS **1453 OCEAN SHORE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Morin, Nathalie Miolaine**
STREET ADDRESS **11310 Cayman Key Ave**
CITY-ST-ZIP **Tampa, FL 33624**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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]
SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/22/02 **904-744-1120**

CR2E083 (9/01)