

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90095 011 ****55.00

DOCUMENT # L01000003981

1. Entity Name

WEST JACKSONVILLE BUS SERVICE, LLC

DO NOT WRITE IN THIS SPACE

80042436

2. Principal Place of Business

5919 Commonwealth Ave.

3. Mailing Address

P.O. Box 61086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL.

City & State

Jacksonville, FL.

4. FEI Number

59-3729201

Applied For

Not Applicable

Zip

32254

Country

USA

Zip

32236

Country

USA

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

F&L Corp

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

200 Laura Street

City

Jacksonville

FL

Zip Code 32202

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

B. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**President/CEO
Dudley J. Perez Jr.
7692 Walden Rd
Jacksonville, FL. 32244**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**Vice President
Donna B. Tompkins
1446 Blair Rd.
Jacksonville, FL. 32221**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**Treasurer
Michael I. Wells
6043 Malcone Lane
Jacksonville, FL. 32244**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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**DO NOT WRITE
IN THIS SPACE**

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 #

1-28-2002 904-783-3461

**2-28-02 \$55.00
#1072**

CR2E083B (12/01)