

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 10, 2002 8:00 am
Secretary of State

01-22-2002 90019 047 ****50.00

DOCUMENT # L01000007362

1. Entity Name

TRUCK EXPRESS LLC

Principal Place of Business

4819 50TH AVE.
WEST BRADENTON FL 34201

Mailing Address

4819 50TH AVE.
WEST BRADENTON FL 34201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1106328

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 ~~CHAIRMAN~~
NAME ~~FRED WALDEN~~
STREET ADDRESS ~~4819 50TH AVE. W~~
CITY-ST-ZIP ~~BRADENTON, FL 34210~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ~~SECRETARY~~
NAME ~~MELISSA R. GRIFFIN WALDEN~~
STREET ADDRESS ~~4819 50TH AVE. W~~
CITY-ST-ZIP ~~BRADENTON, FL 34210~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ~~MGRM~~
NAME ~~FRED WALDEN~~
STREET ADDRESS ~~4819 50TH AVE. WEST~~
CITY-ST-ZIP ~~BRADENTON, FL 34210~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ~~MGRM~~
NAME ~~MELISSA R GRIFFIN WALDEN~~
STREET ADDRESS ~~4819 50TH AVE. WEST~~
CITY-ST-ZIP ~~BRADENTON, FL 34210~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

Signature of Fred Walden

01/12/2002 941-737-3940

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

Date

Daytime Phone #

CR2E083 (9/01)