

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012917

1. Entity Name

PULASKI COUNTY TRANSPORTATION SERVICES, L.L.C.

FILED  
May 24, 2002 8:00 am  
Secretary of State

04-22-2002 90233 023 \*\*\*\*50.00

Principal Place of Business

% GOLD, RESNICK & FICARROTTA, P.A.  
7104 WEST BAY STREET  
TAMPA FL 33608

Mailing Address

% GOLD, RESNICK & FICARROTTA, P.A.  
7104 WEST BAY STREET  
TAMPA FL 33608

2. Principal Place of Business

704 West Bay Street  
Suite, Apt. #, etc.

3. Mailing Address

704 West Bay Street  
Suite, Apt. #, etc.

City & State

Tampa, FL 33608

City & State

Tampa, FL 33608

Zip  
33606

Country  
USA

Zip  
33606

Country  
USA

4. FEI Number

73-1618898

Applied For  
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GOLD, AARON J  
704 WEST BAY STREET  
TAMPA FL 33608

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

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CJC LITTLE ROCK, INC. 2929 WEST WATROUS AVENUE TAMPA FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>RPR</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM RPR L:TTle Rock Inc 2316 1/2 First Ave South Birmingham AL 35233</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Required*

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

4/11/02

(205) 252-1131

Date

Daytime Phone #

CR2E083 (9/01)