2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014889

TRUCKLUBE I OF JACKSONVILLE, L.L.C.



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90080 019 ****50.00

			600 W	ETRIP.				
Principal Place	e of Business	Mailing Address						
2141 LANE AVE		-1330 S CR 427						
JACKSONVILLE	FL 32254	LONGWOOD FL 32750						
2. Principal Place of Business		3. Mailing Address PO Box 531575						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State Lang wood FL		Number 59-3741788	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip 32752	Country USA	5. Cert	tificate of Status Desired	S5.00 A		
6. Name and Address of Current Registered Agent			, , , , , , , , , , , , , , , , , , , 	7. Name and Address of New Registered Agent				
	A		·Name			-	,	
	OWITZ, IVAN M NORTH MILLS AVE.		Street Address		Number is Not Acceptable)			
ORL	ANDO FL 32803							
			City			FL Zip Co	ode	
	named entity submits this statement ons of registered agent.	for the purpose of changing its	registered office of	registered agent,	or both, in the State of Flori	ida. I am familiar wit	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Agent signat	ure required when reinsta	iting)	DATE		
		FILE NO	OW!!! FEE IS \$	50 00				
		Make Check Payab			ate			
		,	e By May 1, 200					
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/C	CHANGES		
TITLE	MGR	☐ Delete	TITLE	Director		☐ Change	e X Addition	
NAME	STEVENSON, HARRY J JR		NAME	Juan Lefkon 430 N. Mill	117		,	
STREET ADDRESS	1330 S CR 427		STREET ADDRESS CITY-ST-ZIP	Orlando, F	ングルグベック ファイン		- 1	
CITY-ST-ZIP	LONGWOOD FL 32750			Ullardo, F	C 70107			
TITLE NAME	MGR	☐ Delete	TITLE NAME			Change	e	
STREET ADDRESS	NEWTON, BRIAN 1330 S CR 427		STREET ADDRESS					
CITY-ST-ZIP	LONGWOOD FL 32750		CITY-ST-ZIP					
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STREET ADDRESS			STREET ADDRESS				ļ	
CITY-ST-ZIP			CITY-ST-ZIP					
11. I hereby c	ertify that the information supplied w	ith this filing does not qualify fo	r the exemption sta	ted in Section 119	.07(3)(i), Florida Statutes. I f	jurther certify that the	information	

ort as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #