2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017354

1. Entity Name

GITTER DUNN TRUCKING, LLC



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90013 032 ****50.00

GILLEN	JUNN THUCKING, ELC	•					
Principal Place of Business 2568 GROVE PARK AVENUE NORTH ST. PETERSBURG FL 33714-1907		Mailing Address 2568 GROVE PARK AVEN ST. PETERSBURG FL 33:					
				1 (83 (187) 20) 88(4) 4(2)(837)(837)()	1 0) in 80 io n 110 in 1 00 oo 1110 i	1181 118 1 1 83 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3746541		pplied For lot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Ad	Iditional	
· - -	6. Name and Address of Curr	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Re	gistered Agent		
	ORPORATIONS, INC.		Name	•			
	5 ROCK DOVE LOOP ELAND FL FL338-10		Street Addres	(P.O. Box Number is Not Acceptable)			
			City		Zip Coo	ie	
8. The above	named entity submits this statemer	at for the purpose of changing it	a registered office as as as	tered agent, or both, in the State of Florid		- 1	
the obligat	ions of registered agent.	in to the purpose of changing in	s registered office of regis	stered agent, or both, in the State of Florid	 I am familiar with, 	and accept	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NO	TE: Registered Agent signature requ	ired when reinstating)	DATE		
		FILE N	OW!!! FEE IS \$50.00	0			
	r same to the terminal of the	Make Check Payat	ole to Florida Departm	nent of State	سان <i>وستند چوچ</i> ار سوچا	· 25	
			ie By May 1, 2003				
9.	MANAGING MEN	BERS/MANAGERS	10.	ADDITIONS/C	HANGES		
TITLE NAME	MGRM WILSON, WILLIAM C	☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS	2568 GROVE PARK AVENUE	NORTH	NAME STREET ADDRESS		,		
CITY-ST-ZIP	SAINT PETERSBURG FL 337		CITY-ST-ZIP			Ì	
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TITLE NAME		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby ce indicated of	ertify that the information supplied won this report is true and accurate ar	ith his filing does not qualify fo	r the exemption stated in State same legal effect as if	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the in	formation	

in thereby certify that the information supplied with his 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 receiper 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 AUTHORISED RES

1-18-03

727-224-825

Daytime