

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017673

1. Entity Name

S&S TRUCKING OF FLORIDA, LLC

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-14-2002 90028 044 ****50.00

Principal Place of Business

2901 EAST 10TH AVENUE
TAMPA FL 33625 33605-4248

Mailing Address

2901 EAST 10TH AVENUE
TAMPA FL 33625 P.O. Box 5325
Tampa, FL 33675

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

59-3752130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORTH, JAMES
5422 AVENAL DRIVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
President
James North
5422 Avenal Drive
Lutz, Florida 33549

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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

7/19/02 813-247-1111

Date

Daytime Phone

CR2E083 (4/02)