CR2E083 (9/01

## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L01000019149 1. Entity Name 04-30-2002 90118 004 \*\*\*\*50.00 B & B TRUCKING OF VOLUSIA, LLC Principal Place of Business Mailing Address 2383 MEADOW LANE 2383 MEADOW LANE DAYTONA BEACH FL 32128 DAYTONA BEACH FL 32128 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FELNumber Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEBIS, DANIEL S Street Address (P.O. Box Number is Not Acceptable) 3890 TURTLE CREEK DRIVE, SUITE B-1 PORT ORANGE FL 32127 City 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 **MGRM** Delete TITLE ☐ Addition ☐ Change NAME BLEDSOE, BOBBI NAME STREET ADDRESS 2383 MEADOW LANE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32128 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 SIGN