

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90016 018 ****55.00

DOCUMENT # L01000019166

1. Entity Name

BOVAIRD'S TRUCKING, LLC



Principal Place of Business

7229 SW 45TH PLACE, APT. A
GAINESVILLE FL 32608

Mailing Address

7229 SW 45TH PLACE, APT. A
GAINESVILLE FL 32608

2. Principal Place of Business

524 Clark St

3. Mailing Address

524 Clark St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL.

City & State

Oviedo, FL.

Zip

32765

Country

USA

Zip

32765

Country

USA

4. FEI Number 59-3756371

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATIONS, INC.
5165 ROCK DOVE LOOP
LAKELAND FL 33810

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BOVAIRD, JAMES R
STREET ADDRESS 7229 SW 45TH PL APT A
CITY-ST-ZIP GAINESVILLE FL 32608

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME BOVAIRD, JAMES R.
STREET ADDRESS 524 CLARK ST.
CITY-ST-ZIP OVIEDO, FL 32765

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: James Bovaird

3/10/03

321 228 1602

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

Date

Daytime Phone #

CR2E083 (10/02)