

2002 UNIFORM-BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90206 038 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019470

1. Entity Name

DEDICATED TRANSPORTATION SERVICE, LLC

Principal Place of Business

**1310 SILLIMAN LANE
 SEFFNER FL 33584**

Mailing Address

**1310 SILLIMAN LANE
 SEFFNER FL 33584**

2. Principal Place of Business

12602 U.S. Hwy 41 S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gibsonville, NC

City & State

Zip

83534

Country

Hillsborough

Zip

Country

4. FEI Number

59-3758953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SILLIMAN, CHARLES
 1310 SILLIMAN LANE
 SEFFNER FL 33584**

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.

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 SILLIMAN, DIANNE
 1310 SILLIMAN LANE
 SEFFNER FL 33584**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 SILLIMAN, CHARLES
 1310 SILLIMAN LANE
 SEFFNER FL 33584**

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10. ADDITIONS/CHANGES

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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: **Dianne Silliman** **Manager**

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

4/27/02 813-741-9900

Date

Daytime Phone

CR2E083 (9/01)