



2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

102 0034198

DOCUMENT # L02000000988 1. Entity Name TRANSFLO EXPRESS, LLC				 FILED 03 MAY 14 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 4010 BOY SCOUT BLVD., STE. 400 TAMPA FL 33607		Mailing Address 4010 BOY SCOUT BLVD., STE. 400 TAMPA FL 33607		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business 4010 Boy Scout Blvd. Ste 300		3. Mailing Address 4010 Boy Scout Blvd Ste 300			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33607		Zip 33607			
4. FEI Number _____				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Larry D. Payne</i></u> 4/25/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083 (10/02)

ATTACHMENT
LO 20000000988 2 of 2

Transflo Express, LLC
Managing Members & Managers

<u>Name/Address</u>	<u>Title/City</u>	<u>State</u>	<u>Zip</u>
Robert Helms 4010 Boy Scout Blvd, #300	President Tampa	FL	33607
Page, Larry G. 4010 Boy Scout Blvd, #300	COO & CFO Tampa	FL	33607