

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90090 032 ****55.00

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DOCUMENT # L02000002427



1. Entity Name
TRUCKER SERVICE CENTER, LLC

Principal Place of Business
**2411 SE 27TH ST.
OCALA FL 34471**

Mailing Address
**2411 SE 27TH ST.
OCALA FL 34471**

10102610



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEL Number

68-0507874

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUNAGER, BREANAN W
2411 SE 27TH STREET
OCALA FL 34471**

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 *Brenan W. Runager*
Signature, typed or printed name of registered agent and title if applicable

Brenan W. Runager
(NOTE: Registered Agent signature required when re-issuing)

4-30-03
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 Delete
NAME **MGRM RUNAGER, BREANAN W**
STREET ADDRESS **2411 SE 27TH ST.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM RANKIN, JOHN A.**
STREET ADDRESS **PO BOX 4667**
CITY-ST-ZIP **OCALA FL 34478**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM POWELL, JAMES W. III**
STREET ADDRESS **21514 STATE RD 40**
CITY-ST-ZIP **ASTOR FL 32102**

TITLE Change Addition
NAME **MGRM EARL Raymond Van Wagner**
STREET ADDRESS **PO Box 848**
CITY-ST-ZIP **SPARR FL 32192**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Brenan W. Runager* SIGNATURE REQUIRED *Brenan W. Runager* *4-30-03* *352-867-1713*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)