

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/2/2003-90754-037 \$50.00-\$50.00 *
9/8/2003-90077-022 \$55.00-\$55.00

0025092
FP

DOCUMENT # **L02000025289**



1. Entity Name
GOODSON TRANSPORT, LLC.

03 OCT -6 AM 8:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
12325 HIGHWAY 672 BALM ROAD
LAKELAND FL 33503

Mailing Address
12325 HIGHWAY 672 BALM ROAD
LAKELAND FL 33503



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 246
Suite, Apt. #, etc.

City & State
Balm, FL

Zip Country
33503

10/6 ☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
90-0079688

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOODSON, DONN
12325 HIGHWAY 672 BALM ROAD
LAKELAND FL 33503

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 re-registering) DATE _____

\$0.00 **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODSON, DONN		NAME	
STREET ADDRESS 12325 HIGHWAY 672 BALM ROAD		STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33503		CITY-ST-ZIP BALM FL 33503	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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: **DONN GOODSON** **9-4-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

10/6/03