

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90020 040 \*\*\*\*50.00

0033235

**DOCUMENT # L94000000281**

1. Entity Name

**ESCAZU EXPRESS, L.C.**



Principal Place of Business

**2420 W BRANDON BLVD., #195  
BRANDON FL 33511**

Mailing Address

**2420 W BRANDON BLVD., #195  
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3281050**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, HAROLD O  
400 S. TAMiami TRAIL  
# 250  
VENICE FL 34285**

7. Name and Address of New Registered Agent

Name

**MARY L. GREENWOOD**

Street Address (P.O. Box Number is Not Acceptable)

**619 E. Lumsden Rd.**

City

**Brandon**

FL

Zip Code

**33511**

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** ☐ Delete  
NAME **THERYOUNG, GORDON**  
STREET ADDRESS **615 ROYAL CREST DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE **MGRM** ☐ Delete  
NAME **THERYOUNG, TERRI**  
STREET ADDRESS **2420 W BRANDON BLVD., #195**  
CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR Not MGRM** ☒ Change ☐ Addition  
NAME **Theryoung, Gordon**  
STREET ADDRESS **615 Royal Crest Drive**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **MGR Not MGRM** ☒ Change ☐ Addition  
NAME **Theryoung, Terri**  
STREET ADDRESS **2420 W. Brandon Blvd #195**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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

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

Date

Daytime Phone #

CR2E083 (10/02)