

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90726 047 ****50.00

DOCUMENT # L96000000143

1. Entity Name

RUSSELL TRANSPORTATION SERVICES, L.C.

Principal Place of Business

**4213 AVALON BLVD.
 MILTON FL 32583-1638**

Mailing Address

**4213 AVALON BLVD.
 MILTON FL 32583-1638**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3360829

Applied For

Not Applicable

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

**RUSSELL, TOBY T
 4213 AVALON BLVD.
 MILTON FL 32583**

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

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **RUSSELL, TOBY T**
 CITY-ST-ZIP **6330 BAYBERRY STREET
 MILTON FL 32570**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **RUSSELL, GLENNON L**
 CITY-ST-ZIP **5804 HERMITAGE CIRCLE
 MILTON FL 32570**

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

TITLE ☐ Delete
 NAME **MEM MGRM**
 STREET ADDRESS **RUSSELL, SHEILA K**
 CITY-ST-ZIP **5804 HERMITAGE CIRCLE
 MILTON FL 32570**

TITLE ☒ Change ☐ Addition
 NAME **MGRM**
 STREET ADDRESS **Russell, Sheila K.**
 CITY-ST-ZIP **5804 Hermitage Circle
 Milton, FL 32570**

TITLE ☐ Delete
 NAME **MEM**
 STREET ADDRESS **RUSSELL, JULIE**
 CITY-ST-ZIP **6330 BAYBERRY STREET
 MILTON FL 32570**

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:

SIGNATURE REQUIRED

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

5/17/02

Date

850-623-7886

Daytime Phone #

CR2E083 (9/01)