

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000027

1. Entity Name
TRUCKERS BUSINESS SERVICES, LC

Principal Place of Business
2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765

Mailing Address
2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765-3213



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2189 CLEVELAND ST
SUITE 206
CLEARWATER FL

3. Mailing Address
2189 CLEVELAND ST
SUITE 206
CLEARWATER FL

City & State
CLEARWATER FL

Zip
33765

Country

4. FEI Number 59-3417413

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MAYER, G.T.
2189 CLEVELAND ST.
SUITE 210
CLEARWATER FL 33765

7. Name and Address of New Registered Agent
Name G. T. MAYER
Street Address (P.O. Box Number is Not Acceptable)
2189 CLEVELAND ST
SUITE 206
City CLEARWATER FL Zip Code 33765

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] DATE 4/27/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYER, G.T. 2189 CLEVELAND ST., SUITE 210 CLEARWATER FL 33765	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2189 CLEVELAND ST SUITE 206
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/2000

Date

Daytime Phone #

CR2E083 (9/99)