

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000840

1. Entity Name  
A & S TRUCKING SERVICES L.C.

Principal Place of Business  
LOT 17 SANDS SUBDIVISION  
BIG PINE KEY FL 33043

Mailing Address  
P.O. BOX 430469  
BIG PINE KEY FL 33043-0469



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MPM

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0823440

Applied For

Not Applicable

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

BROWN, ALLAN  
LOT 17 SANDS SUBDIVISION  
BIG PINE KEY FL 33043

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR  
NAME BROWN, GLENNA  
STREET ADDRESS 50 SANDS ROAD  
CITY-ST-ZIP BIG PINE KEY FL 33043

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME BROWN, ALLAN  
STREET ADDRESS 50 SANDS ROAD  
CITY-ST-ZIP BIG PINE KEY FL 33043

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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 OR MANAGER

Date

Daytime Phone #

4/12/00 (305) 292 6296

CR2E083 (9/99)