

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000840

1. Entity Name

A & S TRUCKING SERVICES L.C.

FILED

JAN 19 PM 3:53

Principal Place of Business

LOT 17 SANDS SUBDIVISION
BIG PINE KEY FL 33043

Mailing Address

P.O. BOX 430469
BIG PINE KEY FL 33043

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

1ST ST. & AVE B

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BIG PINE KEY, FL.

City & State

4. FEI Number

65-0823440

Applied For

Not Applicable

Zip

33043

Country

US

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

Alan Brown
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/01

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

9. MANAGING MEMBERS / MEMBERS

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
9000035769418-8 Addition
-01/26/01--01074--002
*****50.00*****50.00

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

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

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

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

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 #

1/13/01 872-4155

CR2E083 (11/00)