

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90262 040 ****50.00

DOCUMENT # L97000000840

1. Entity Name

A & S TRUCKING SERVICES L.C.

Principal Place of Business

**1ST ST. & AVE B
 BIG PINE KEY FL 33043**

Mailing Address

**P.O. BOX 430469
 BIG PINE KEY FL 33043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☒ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1576 BOGIE RD
 Big Pine Key, FL 33043**

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

☒ Change ☐ Addition
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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:

Glenna Brown
Glenna Brown 1/10/02 8782561
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (9/01)

905910



DO NOT WRITE IN THIS SPACE