

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001221

1. Entity Name
ROLLS AXLE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 11:39

Principal Place of Business Mailing Address
702 HITCHCOCK STREET 702 HITCHCOCK STREET
PLANT CITY FL 33566 PLANT CITY FL 33566-5608



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3477158** Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

GALLAGHER, DANIEL M
702 HITCHCOCK STREET
PLANT CITY FL 33566

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

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

rf 37100

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM GALLAGHER, DANIEL M JR.
STREET ADDRESS **10351 HIGHWAY 301 SOUTH**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE NAME Change Addition
800003165588-1
STREET ADDRESS **-03/10/00--01094--024**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE NAME Delete
MGRM GALLAGHER, DANIEL M III
STREET ADDRESS **10351 HIGHWAY 301 SOUTH**
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME 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]* **GALLAGHER** Date **1/7/99** Daytime Phone # **813 764 0242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)