

# 2001 UNIFORM BUSINESS REPORT (UBR)

UBR/30 AR

**DOCUMENT #** L97000001221  
**1. Entity Name**  
 ROLLS AXLE, L.C.

FILED

01 APR 16 PM 3: 11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>Principal Place of Business</b> 702 HITCHCOCK STREET PLANT CITY FL 33566	<b>Mailing Address</b> 702 HITCHCOCK STREET PLANT CITY FL 33566
---	---



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 GALLAGHER, DANIEL M  
 702 HITCHCOCK STREET  
 PLANT CITY FL 33566

**4. FEI Number** 59-3477158  
 Applied For  Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**7. Name and Address of New Registered Agent**

**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** \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, DANIEL M JR. 10351 HIGHWAY 301 SOUTH DADE CITY FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, DANIEL M III 10351 HIGHWAY 301 SOUTH DADE CITY FL 33525 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800004064348--0  
 -04/24/01--01085--027  
 \*\*\*\*\*50.00 \*\*\*\*\*50.00

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date: 4-4-01 Daytime Phone #: 813 764-0242

CR2E083 (11/00)