

2001 UNIFORM BUSINESS REPORT (UBR)

0014796 AF

DOCUMENT # L97000001275
 1. Entity Name
C.S. & S. TRANSPORTATION, L.C.

FILED
 01 MAY 14 PM 1:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**370 WEST CAMINO GARDENS BLVD., SUITE 204
 BOCA RATON FL 33432**

Mailing Address
**370 WEST CAMINO GARDENS BLVD., SUITE 204
 BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
665 S.E. 10th Street

3. Mailing Address
665 S.E. 10th Street

Suite, Apt. #, etc.
Suite 202

Suite, Apt. #, etc.
Suite 202

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

Zip
33441

Country
Broward

Zip
33441

Country
Broward

4. FEI Number **65-0796664**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FORBES, PHILIP H
 BUTZEL LONG
 1200 NORTH FEDERAL HIGHWAY, SUITE 411
 BOCA RATON FL 33432**

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

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

300004418543--4
-06/14/01--01002--007
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEEL, GREGORY B 370 WEST CAMINO GARDENS BLVD., SUITE 204 BOCA RATON FL 33432 <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
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

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: **Michael B. Seel** **5-9-01** **954-419-9898**

Signature, typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (11/00)