

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001275

1. Entity Name  
C.S. & S. TRANSPORTATION, L.C.

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

2. Principal Place of Business  
665 S.E. 10<sup>th</sup> Street  
Suite Apt. #, etc.  
Suite 202  
City & State  
Deerfield Beach FL  
Zip  
33441  
Country  
Broward

3. Mailing Address  
665 S.E. 10<sup>th</sup> Street  
Suite Apt. #, etc.  
Suite 202  
City & State  
Deerfield Beach FL  
Zip  
33441  
Country  
Broward

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



DO NOT WRITE IN THIS SPACE

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

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

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
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
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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

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