## **.2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## DOCUMENT # L98000000532 1. Entity Name OD MAY 23 PM 2:53 JACK'S NATIONWIDE FREIGHT FORWARDING LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2099 WINTERBOURNE E., #102 2099 WINTERBOURNE E., #102 **ORANGE PARK FL 32073 ORANGE PARK FL 32073-5674** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3515811 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUHRS, JOHN A Street Address (P.O. Box Number is Not Acceptable) 2099 WINTERBOURNE DRIVE #102 **ORANGE PARK FL 32073** Zip Code FL 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, 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. TITLE Change Addition TITLE MGRM Defete : NR2E083 (: / : 300003287643 -06/13/00--01086--NAME RAME LUHRS, LAURIE A -N15 STREET ADDRESS STREET ADDRESS 2099 WINTERBOURNE E., #102 \*\*\*\*\*50.00 CITY- ST- ZIP **ORANGE PARK FL 32073** CITY-8T-ZIP \*\*\*\*\*50.00 Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY- ST- Z(P Change TITLE ☐ Delete TITLE MARKE STREET ADDRESS STRFFT ADDRESS CITY-ST-ZIP CITY-ST-71P Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CFT V - 2T - 71P ☐ Addition ☐ Change ☐ Detaile TITLE TITLE NAME RID T ADDRESS STREET ADDRESS CITY ST-ZIP CITY- ST- 71P Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am a managing member or manager of the processor that it is executed in the second of the processor of the 11. I hereby certify that the information supplied with this sting does indicated on this report is true and accurate and that my signat limited liability company of

ING MANAGING MEMBER OR MANAGER

APPROVED

Daytime Phone #