

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 24 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008461

1. Entity Name

SISSON TRUCKING, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

9192 Willie Hodges Rd  
Suite, Apt. #, etc.

3. Mailing Address

POB 173  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Hilliard, FL

Zip  
32046

Country  
USA

City & State  
Hilliard, FL

Zip  
32046

Country  
USA

4. FEI Number

31-1485546

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAROLYN J. SISSON MGRM  
Willie Hodges Rd.  
Hilliard, FL, 32046

7. Name and Address of New Registered Agent

Name  
N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

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

N/A

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

9.

MANAGING MEMBERS/MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MANAGER  
CAROLYN J. SISSON MGRM  
POB 173 / Willie Hodges Rd.  
Hilliard, FL, 32046

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GENE P. SISSON  
POB 173 / Hilliard MGRM  
FL 32046

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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STREET ADDRESS

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☐ Change

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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:

Gene P. Sisson MGRM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-25-00 904-845-3446

CR2E083 (11/99)