

2001 UNIFORM BUSINESS REPORT (UBR)

0001963 AF

DOCUMENT # L99000008461

1. Entity Name
SISSON TRUCKING, LLC

FILED

01 APR 30 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9192 WILLIE HODGES RD.
HILLIARD FL 32046

Mailing Address
P.O. BOX 173
HILLIARD FL 32046



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1485546

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, CAROLYN J
9192 WILLIE HODGES RD.
HILLIARD FL 32046

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.

(NOT: Registered Agent signature required when reinstating)

DATE

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

800004221028--8
-05/16/01--01126--006
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SISSON, CAROLYN J
P.O. BOX 173, WILLIE HODGES RD.
HILLIARD FL 32046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SISSIN, GENE
P.O. BOX 173, WILLIE HODGES RD.
HILLIARD FL 32046 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SISSON, GENE
CORRECTION TO SPELLING ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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: *Carolyn J. Sisson* CAROLYN J. SISSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/01

904-845-3446

Daytime Phone #

CR2E083 (11/00)