

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90115 009 ****50.00

DOCUMENT # L99000008672

1. Entity Name

ECONOMY TRANSPORT OF FLORIDA, L.L.C.

Principal Place of Business

Mailing Address

**C/O C. PHILIP CAMPBELL, JR.
 101 EAST KENNEDY BOULEVARD, SUITE 3800
 TAMPA FL 33602**

**C/O C. PHILIP CAMPBELL, JR.
 101 EAST KENNEDY BOULEVARD, SUITE 3800
 TAMPA FL 33602**

977761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3505076**

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

**CAMPBELL, C. P JR
 101 EAST KENNEDY BOULEVARD SUITE 2800
 TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGRM**
 STREET ADDRESS **MOROUN, MANUEL J**
 CITY-ST-ZIP **101 EAST KENNEDY BOULEVARD, SUITE 2800**
TAMPA FL 33602

☐ Delete

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☐ 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:

Manuel J. Moroun

Manuel J. Moroun

August 1, 2002 (586) 939-7000

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

Date

Daytime Phone #

CR2E083 (4/02)