

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0024975

DOCUMENT # L99000009215

1. Entity Name

LIFT TRUCK SUPPLY, LLC

02-18-2002 90175 013 *****50.00

Principal Place of Business

**3115 RIVERSIDE AVE.
 JACKSONVILLE FL 32205**

Mailing Address

**PO BOX 60265
 JACKSONVILLE FL 32236**

2. Principal Place of Business

4637 Ortega Forest Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

32210

Country

Zip

Country

4. FEI Number

26-4626104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STRINGER, DAVID A
 3115 RIVERSIDE AVE
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name

David L. Cobb

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

4637 Ortega Forest Drive

City

Jacksonville

FL

Zip Code

32210

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

David L. Cobb

David L. Cobb

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **STRINGER, DAVID A**
 STREET ADDRESS **3115 RIVERSIDE AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME **2860 Stringer Road**
 STREET ADDRESS **Thomasville, GA 31792**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

David L. Cobb

02/08/02

904-387-3162

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

Date

Daytime Phone #

CR2E083 (9/01)