

2001 UNIFORM BUSINESS REPORT (UBR)

0031443 AF

DOCUMENT # M00000001190

1. Entity Name

STERLING TRUCKS OF TAMPA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 3:57

Principal Place of Business

2701 NW VAUGHN STREET, SUITE 776
PORTLAND OR 97210

Mailing Address

2701 NW VAUGHN STREET, SUITE 776
PORTLAND OR 97210



2. Principal Place of Business

7530 US HIGHWAY 301 N.
Suite, Apt. #, etc.

3. Mailing Address

7530 US HIGHWAY 301 N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

91-2051231

Applied For

Not Applicable

Zip

33687

Country

USA

Zip

33687

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

700003888707--4
-03/20/01--01087--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME FREIGHTLINER MARKET DEVELOPMENT CORP
STREET ADDRESS 2701 NW VAUGHN STREET, SUITE 776
CITY-ST-ZIP PORTLAND OR 97210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE GENERAL MANAGER ☐ Change ☒ Addition
NAME BRAD PRIOR
STREET ADDRESS 7530 US HIGHWAY 301 N.
CITY-ST-ZIP TAMPA, FL 33687

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

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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: *[Signature]* SIGNATURE REQUIRED

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

Date

Daytime Phone #

(813)262-0890

CR2E083 (11/00)