

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90026 004 \*\*\*\*50.00

**DOCUMENT # M00000001190**

1. Entity Name  
**STERLING AND WESTERN STAR TRUCKS OF TAMPA, LLC**



Principal Place of Business

**7530 US HWY. 301 N.  
TAMPA FL 33687**

Mailing Address

**7530 US HWY. 301 N.  
TAMPA FL 33687**

2. Principal Place of Business

**7528 US HIGHWAY 301 N.**

Suite, Apt. #, etc.

3. Mailing Address

**7528 US HIGHWAY 301 N.**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

Zip

**33637**

Country

**USA**

Zip

**33637**

Country

**USA**

4. FEI Number **91-2051231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGR** ☐ Delete  
NAME **PRIOR, BRAD**  
STREET ADDRESS **7530 US HWY. 301 N.**  
CITY-ST-ZIP **TAMPA FL 33687**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **PRIOR, BRAD**  
STREET ADDRESS **7528 US HIGHWAY 301 N.**  
CITY-ST-ZIP **TAMPA, FL 33637**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 REQUIRED**

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

**2/7/03 (813) 262-0890**

Date Daytime Phone #

CR2E083 (10/02)