

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90080 048 ****50.00

DOCUMENT # M00000001809

1. Entity Name

J&R TRUCK AND TRAILER LLC



Principal Place of Business

**4501-12TH STREET
KENOSHA WI 53144**

Mailing Address

**4501-12TH STREET
KENOSHA WI 53144**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **39-1972349**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, DAVID
1514 MORNING DOVE LOOP S.
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

Fischer, David

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

13019 Delwood Road

City

Tampa

FL

Zip Code

33624

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 **David W. Fischer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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 **PTNR** ☐ Delete
NAME **KISLIA, JAMES**
STREET ADDRESS **4501-12TH STREET**
CITY-ST-ZIP **KENOSHA WI 53144**

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

TITLE **PTNR** ☐ Delete
NAME **KISLIA, ROXANNE**
STREET ADDRESS **4501-12TH STREET**
CITY-ST-ZIP **KENOSHA WI 53144**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: **ROXANNE M KISLIA**

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

Date

Daytime Phone #

1/11/03 262-552-2609

CR2E083 (10/02)