

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90080 006 ****50.00

DOCUMENT # M01000001195

1. Entity Name
STARDUST TRANSPORTATION, LLC



Principal Place of Business

**433 WEST CARMEL DRIVE
CARMEL IN 46032**

Mailing Address

**433 WEST CARMEL DRIVE
CARMEL IN 46032**

2. Principal Place of Business

8604 Allisonville Rd

Suite, Apt. #, etc.

SUITE 207

City & State

Indianapolis, IN

Zip

46250

Country

US

3. Mailing Address

8604 Allisonville Rd

Suite, Apt. #, etc.

SUITE 207

City & State

Indianapolis, IN

Zip

46250

Country

US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **35-2100232**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, REBECCA L
16481 DEL PALACIO CT.
DEL RAY BEACH FL 33484**

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. 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

TITLE **MGR** ☐ Delete
NAME **WITTE, WAYNE**
STREET ADDRESS **433 WEST CARMEL DRIVE**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE **MGR** ☐ Delete
NAME **HARRIS, TOM**
STREET ADDRESS **433 WEST CARMEL DRIVE**
CITY-ST-ZIP **CARMEL IN 46032**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8604 Allisonville Rd**
CITY-ST-ZIP **Indianapolis, IN 46250**

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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: **Wayne Witte**

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

1-20-03 317-915-2000

Date

Daytime Phone #

CR2E083 (10/02)