

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # M01000002629**

1. Entity Name

**R.A. SWARTZ TRANSPORT COMPANY, LLC**



01-15-2003 90054 001 \*\*\*\*50.00

01-15-2003 90054 002 \*\*\*\*\*5.00

Principal Place of Business

**12309 HOUNDS BAY ROW  
HUDSON FL 34667**

Mailing Address

**12309 HOUNDS BAY ROW  
HUDSON FL 34667**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 7228**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**HUDSON, FLA.**

City & State

City & State

**34667**

Zip

Country

Zip

Country

**USA**

4. FEI Number **59-3749985**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWARTZ, ROBERT A  
12309 HOUNDS BAY ROW  
HUDSON FL 34667**

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

**1-13-03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
SWARTZ, ROBERT A  
12309 HOUNDS BAY ROW  
HUDSON FL 34667**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

**1-13-03 727-862-3434**

CR2E083 (10/02)