## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9800000128

PACIFIC TRAILER REPAIR SERVICES, LLC

Principal Place of Business
1131 SW″KLICKITAT WAY SEATITLE:WA 98134

Mailing Address

1131 SW KLICKITAT WAY SEATTLE WA 98134

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

**FILED** Feb 18, 2002 8:00 am <sup>s</sup> Secretary of State

02-18-2002 90170 016 \*\*\*\*50.00



Zip Country Zip Country 5. Certificate of Status Desired Fee Required  6. Name and Address of Current Registered Agent Name  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					1			į.			
Zip   Country   Zip   Country   S. Certificate of Status Desired   \$5.00 not fee Requires   \$5.0		DO NOT WRITE IN THIS SPACE			ite, Apt. #, etc.		Suite, Apt. #, etc. Su				
Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Add Fee Require   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   C T CORPORATION SYSTEM   1200 SOUTH PINE ISLAND ROAD   FLANTATION FL 33324   City   FL   Zip Code   City   Zip Code   City   FL   Zip Code   City   FL   Zip Code   City   Zip Code	·	Applied Fo	El Number 22-2224926 Applied		4. FEI Num	y & State		City & State Ci		City & Stat	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  6. 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 preliad name of registered agent and title it spelicable.  PILE NOW!!! FE IS \$50.00  Make Check Payable to Department of State  Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS  II. MANAGEMENT SERVICES, LLC  1131 SW KLICKITAT WAY  CITY-ST-2IP  III.E  MARE  SIRRET ADDRESS  CITY-ST-2IP  III.E  MAKE  SIRRET ADDRESS  SIRRE	t Applicable	Not Applic		22 3224020							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  City  FL  City  FL  Zip Codd  City  City  FL  Zip Codd  City  City  City  FL  Zip Codd  City		5.00 Additional ee Required		icate of Status Desired	5. Certifica	Country	p	Country		Zip	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when revisitating)  FILE NOW!!! FEE IS \$50,00  Make Check Payable to Department of State Due By May 1, 2002  B. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE NAME STREET ADDRESS CITY-51-ZP  Change C		gent	พ Registered Ag	and Address of New Re	7. Name a		ered Agent	and Address of Current Regist	6. Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  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, hypeo or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)    PILE NOW!!! FEE IS \$50.00		(P.O. Box Number is Not Acceptable)							. 0000001		
B. 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 ride if applicable.  (NOTE: Registered Agent algoritum reculred water injunctions)  CATE  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  Due By May 1, 2002  9. MAINAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE  MANAE  SIREET ADDRESS  CITY-ST-2P  TITLE  MANAE  1131 SW KLICKITAT WAY  STREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  TITLE  MAME  STREET ADDRESS  STREET AD					Address (P.O. Box Num	Street Add		1200 SOUTH PINE ISLAND ROAD			
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)    Part								PLANTATION FL 33324			
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 Due By May 1, 2002   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES	)	FL Zip Code				City					
FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE NAME RAIL MANAGEMENT SERVICES, LLC 1131 SW KLICKITAT WAY SFAITILE WA 98134  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP			Florida.	or both, in the State of Flor	r registered agent, or b	gistered office or r	rpose of changing its req	ty submits this statement for the po	named entity	8. The above	
FILE NOW!! FEE IS \$50.00  Make Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITTLE NAME RAIL MANAGEMENT SERVICES, LLC 1131 SW KLICKITAT WAY SFAITILE WA 98134  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP										CICNATURE	
Make Check Payable to Department of State Due By May 1, 2002  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME RAIL MANAGEMENT SERVICES, LLC 1131 SW KLICKITAT WAY SEATTLE WA 98134  Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS			DATE	ng)	applicable. (NOTE; Re	or printed name of registered agent and title if	Signature, typed	SIGNATURE			
B. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE NAME RAIL MANAGEMENT SERVICES, LLC 1131 SW KLICKTAT WAY SFATTILE WA 98134  TITLE NAME STREET ADDRESS CITY-ST-ZIP					50.00	V!!! FEE IS \$5	FILE NOV				
MGRM   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete					ment of State	ble to Departm	Make Check Paya				
TITLE NAME NAME RAIL MANAGEMENT SERVICES, LLC STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98134  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS					2	By May 1, 2002	Due E				
TITLE NAME NAME RAIL MANAGEMENT SERVICES, LLC STREET ADDRESS CITY-ST-ZIP SEATTLE WA 98134  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			NS/CHANGES	ADDITIONS/		10.	NAGERS	MANAGING MEMBERS / MA		9	
RAIL MANAGEMENT SERVICES, LLC  1131 SW KLICKITAT WAY SEATTLE WA 98134  TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition	☐ Change ☐ Ad				1		THE WAY TO STATE THE PROPERTY OF THE	MGDM		
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	_		_				D belete	NAGEMENT SERVICES LLC			
CITY-ST-ZIP  SEATTLE WA 98134  CITY-ST-ZIP  STREET ADDRESS						STREET ADDRESS					
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS						CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	☐ Addition	☐ Change ☐ Ad				TITLE	□ Delete	L TIA SO IST	SEALILL	TITLE	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	_	<del>-</del> • <del>-</del>					,		•		
CITY-ST-ZIP						STREET ADDRESS			}		
NAME . STREET ADDRESS CITY-ST-ZIP . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . CTY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS . STREET ADD						CITY-ST-ZIP					
NAME . STREET ADDRESS CITY-ST-ZIP . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . CTY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS CITY-ST-ZIP . Change . STREET ADDRESS . STREET ADD	☐ Addition	☐ Change ☐ Ad	Г			TITLE	☐ Doloto			TITLE	
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			_			l ;	□ Delete		•		
CITY-ST-ZIP						1					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS										•	
NAME STREET ADDRESS CITY-ST-ZIP CITYLE Delete NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	☐ Addition	☐ Change ☐ Ad	Г			TITLE	□ Dolato		-		
STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change NAME STREET ADDRESS STREET ADDRESS		0.102195 001			1	i i	□ Delete :				
CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete TITLE  NAME STREET ADDRESS  STREET ADDRESS											
TITLE Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS					•	i .			Ì		
NAME STREET ADDRESS STREET ADDRESS	Addition	Change Cl Ad	· · · · · · · · · · · · · · · · · · ·				П				
STREET ADDRESS STREET ADDRESS	Magnion	Change Ad-	٠ ـ ـ ـ		†		∟ Delete		]		
									}		
011-01-21F									}		
TITLE TITLE TITLE Change	☐ Addition	∟ Change L Ad	[				☐ Delete	A THE ANALYST .			
NAME NAME NAME											
STREET ADDRESS: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					}	1					
CITY-ST-ZIP OF COMPANY AND A COMPANY C	<del> </del>			<u> </u>		CITY-ST-ZIP		<b>建造性10.3</b>		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.

Pacific Trailer Repair Services, LLC, Member, a

Washington LLC

SIGNĂTURE: MANAGER, OR AUTHORIZED REPRESENTATIVE 2/7/02

206 623-0304