2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   M99000000470

1. Entity Name

MID ATLANTIC EXPRESS, LLC

Principal Place of Business	Mailing Address
2104 SANDY ROAD KINGSPORT TN 37660	2104 SANDY ROAD KINGSPORT TN 37660-1731

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 12: 43

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number 62-1746626	Applied For / Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILCOX, BETTY 507 1ST STREET TAVARES FL 32778	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.

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

9.	MANAGING MEMBERS/MEMBERS		10.		ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	COVEN, RONALD L		NAME		500003148345---1	
STREET ADDRESS	2160 WESTWIND DR.		STREET ADDRESS		-02/25/00--01100--012	
CITY-ST-ZIP	KINGSPORT TN 37660		CITY-ST-ZIP		*****50.00 *****50.00	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	COVEN, RON L II		NAME			
STREET ADDRESS	2213 PENDRAGON RD.		STREET ADDRESS	*mf* 2/23/00		
CITY-ST-ZIP	KINGSPORT TN 37660		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

☞. 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_   1/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #