2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN IGER, OR AUTHORIZED REPRESENTATIVE

1. Emility Name FREIGHTLINER OF TAMPA LLC OI APR 30 PM 6: 28 SECRETARY OF STATE TALE AHASSEE, FLORIDA SETI ADMO DR TAMPA FL 38819 2. Principal Place of Business Suite, Apt. 4, etc. Do Not writte in this SPACE City 6: Stale City 6: Stale City 6: Stale Country Zig Country Zig Country Zig Country Zig Country Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name BARKER, JOHN 8211 ADAMO DR TAMPA FL 33819 City FL Zip Cood A. The above named only submits this stalement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGN							•			
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Signature, typed or printed name of registered agent and title if applicable. NOTE Registered when reinstating) DATE	8. The above	named entity submits this statement for	or the purpose of changing its	s registere	d office or regis	stered agent,	or both, in the State of Florida.			
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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby c	certify that the information supplied with	h this filing does not qualify fo	the exem	ption stated in	Section 119	07(3)(i), Florida Statutes. I further ce	ertify that the in	nformation	

4/27/51 (813) 621-693)
Date Date Daytime Phone #