

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90016 036 ***150.00

DOCUMENT # *P02000069533*

1. Entity Name
L & G Trucking Services, Corp.
DBA Causeway Discount Tires.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7102 Causeway Blvd

3. Mailing Address
Same.

City & State
Tampa, Florida

City & State

4. FEI Number
04-3701568

Applied For
☐ **Not Applicable**

Zip
33619

Country
Hillsborough

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

150.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <i>President</i>	NAME <i>Luis O. Gomez</i>
STREET ADDRESS <i>7102 Causeway Blvd</i>	
CITY - ST - ZIP <i>Tampa, FL, 33619</i>	
TITLE <i>SIT</i>	NAME <i>Isabel Carminate</i>
STREET ADDRESS <i>7102 Causeway Blvd</i>	
CITY - ST - ZIP <i>Tampa, FL, 33619</i>	
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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other persons empowered.

SIGNATURE: *Paul*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07

Date

Secretary of State