FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90374 049 ***150.00

DOCUMENT # P02000069533

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

DO NOT WRITE IN THIS SPACE

40085976

2. Principal Place of Business	3. Mailing Address
7102 Causeway Blvd	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, Florida	City & State
Zip: 33619 Country: Hillsborough	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3701568 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luis O. Gomez

Street Address (P.O. Box Number is Not Acceptable): 7102 Causeway Blvd

City: Tampa **FL** Zip Code: 33619

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	President	TITLE	
NAME	Luis O. Gomez	NAME	
STREET ADDRESS	7102 Causeway Blvd	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33619	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Isabel Carmenate	NAME	
STREET ADDRESS	7102 Causeway Blvd	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33619	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE: _____ 4-20-08 (813) 477-4905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #