

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

DOCUMENT # *P 02000069533*

1. Entity Name *L & G Trucking Services Corp*
DMA Causeway Discount Auto and Tires



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7102 Causeway Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33619

Country

U.S.A

Zip

Country

4. FEI Number

04-3701568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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]

Luis O. Gomez, President

3/30/10

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 \$81.25

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*
NAME *Luis O. Gomez*
STREET ADDRESS *7102 Causeway Blvd*
CITY-ST-ZIP *Tampa, FL 33619*

TITLE *Sgt*
NAME *Isabel Carmenate*
STREET ADDRESS *7102 Causeway Blvd*
CITY-ST-ZIP *Tampa, FL 33619*

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IN THIS SPACE**

204/7

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/10 (813) 477-4905

Date

Daytime Phone #

CR2E034B (12/02)