FILED Feb 10, 2002 8:00 am Secretary of State

02-10-2002 90023 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

P97000006673

DOCUMENT #

1. Entity Name

LLL BUS COMPANY, INC.

Principal Place of Business 1071 DONEGAN ROAD LARGO FL 34641 Mailing Address

5517 21ST AVE W

SUITE H

BRADENTON FL 34209

US

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
0	0.1. 0.0	



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.			DO NOT WAITE IN THIS SPACE				
City & State City & State			4. FEI Number 65-0736312	Applied For Not Applicable			
Zip	Country	Zip	Zip Counti		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			~ · ~ ~	7. Name and Address of New Registered Agent			
				Name			
SHEARER, LAURA 5205 26TH ST STE B BRADENTON FL 3				Street Address City	(P.O. Box Number is Not Acceptable)	L 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.

9. This corporation is eligible to satisfy its intangible ₹ax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	☐ Delete	TITLE		Change	☐ Addition	
NAME	RICKERT, WAYNE C.		NAME				
STREET ADDRESS	5517 21ST AVE W SUITE H		STREET ADDRESS			İ	
CITY-ST-ZIP	BRADENTON FL 34209		CITY-ST-ZIP	VICE PRESIDENT			
TITLE		☐ Delete	TITLE	SCOTT W. RICKERT	☐ Change	X Addition	
NAME			NAME	5517 21ST AVE W STE H			
STREET ADDRESS			STREET ADDRESS	BRADENTON, FL 34209			
CITY-ST-ZIP			CITY-ST-ZIP	Billip Billion, 12 of a seri			
TITLE		☐ Delete	TITLE	_ '', ' - ' - ' - ' - ' - ' - ' - ' - ' -	☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			ļ	
CITY-ST-ZIP		:	CITY-ST-ZIP				
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

13. 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 the 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-795-2261

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