2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L9900001981						3	FILED					
WP FLIG	HT, LLC					01 APR -2	AM 9	: 50				
Principal Place of Business Mailing Address							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
1821 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703 SUITE 2300 ORLANDO FL 32801												
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		C	City & State			59-35	59-3567928 APPLIED FOR Applied For Not Applied For					
Zip Country ,		, Z	ip	try	5. Certificate of Status Desired Status Desired See Required					1		
	6. Name and Address of Currer	nt Registe	ered Agent		Name _	7. Nam	e and Address of New Reg	istered Ag	ent		-	
A.G.C. CO.							-					
200 S. ORANGE AVENUE, SUITE 2300					Street Addres	SS (P.O. BOX N	lumber is Not Acceptable)				1	
ORLANDO	D FL 32801											
					City			FL	Zip Code	€]	
	named entity submits this statement	for the pu	rpose of changing its	registere	ed office or regis	stered agent,	or both, in the State of Florid	a.	-			
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if	applicable. (NOTE	: Registere	d Agent signature req	ired when reinstati	ng)	DATE				
		FILE NO Make Check Pa		FEE IS \$50.0 o Departmen		SUDUD39964353 -04/13/0101028007 ******50.00 ******50.00						
9.	MANAGING MEM	BERS/MI		10.			ADDITIONS/CF				ء [
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELLER POOL CONSTRUCTORS, INC. 1821 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703				E E ET ADDRESS -ST-ZIP	-	·		☐ Change	Addition	F083 /11/0/	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP			□ Delete					;	Change	Addition Addition	90	
TITLE			☐ Delete	TITLE					Change	Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP			<i>-</i>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			. [Change	☐ Addition		
TITLE NAME			☐ Delete	TITLE	:		······································	[Change	Addition	1	
STREET ADDRESS CITY-ST-ZIP			-	STRE	ET ADDRESS - ST-ZIP							
TITLE 25 NAME			☐ Delete	TITLE	E				Change	Addition		
STREET ADDRESS CITY-ST-ZIP				CITY	ET ADDRESS - ST- ZIP			,				
indicated	ertify that the information supplied wi on this report is true and accurate an bility company or the receiver or trust	d that my	signature shall have t	he same	legal effect as	if made under	oath; that I am a managing	rther certify member o	that the in or manager	itormation r of the		

1/24/01 Date

407-880-8805 Daytime Phone #