

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003846

1. Entity Name  
WEATHERPREDICT, ~~INC~~ Corp.

Principal Place of Business  
2042-A N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308

Mailing Address  
2042-A N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308

FILED

01 APR 25 PM 5:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

TALLAHASSEE - same → 2042A NE Capital Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

TALLAHASSEE FL

Zip

Country

32308

Leon

Zip

Country

32308

USA

4. FEI Number

59-3646902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOVETT, JOHN C  
106 EAST COLLEGE AVENUE, SUITE 1200  
TALLAHASSEE FL 32301

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KHADILKAR, JAYANT  
2042-A N.E. CAPITAL CIRCLE  
TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100004163561--5  
-05/08/01--01141--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01

Date

850-422-0558

Daytime Phone #

CR2E083 (11/00)

0003647 AF