فاستدن 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # LO0000004367 I. Erely Name WETRAIN TECHNOLOGIES, LLC Principal Place of Business (September 1107 September 1107 S | 2002 | ÜNIFORM BUSI | NESS REPO | ŘŤ (UB | | Mar 0 7 | FILED 7, 2002 8 | :00 am | |
|--|---|---|-----------------|---------------------------------------|--------|------------------------------|---------------------|----------------|--|
| SUBJ. Appl. # dic. 2. Principal Pace of Business Subje. Appl. # dic. | DOCU 1. Entity Nam | MENT # L000000 | | | | | • | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. Country Country Country Systematic Sy | G/O WETRAIN.NET: LLC 3240 CAPITAL CIRCLE. SW 3240 CAPITAL CIRCLE. SW | | | | | | 71217 | trase Manan | |
| Zip Country Zip Country S. Cartificate of Status Desired P. S. 5.00 Additional Pee Required P. S. 5.00 Additional P. | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| Country Zip Country S. Certificate of Stanus Desired S. \$5.00 Additional Pee Requised | City & State | θ | City & State | State | | FEI Number 59-3642031 | | | |
| LOCKWOOD, FRANK'S DR C/O WETRATECOURT LISS 3240 CAPITAL CIRCLE, SW TALLAHASSEE FL 32310-8723 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 Signatur | Zip | | | | | | Fee Required | | |
| 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 Fiorida. Signature Signa | LOCKWOOD, FRANK'S DR C/O WETRAIN CORCLES WETLAN TECHNOLOGIES, UC Street Address (P.O. Box Number is Not Acceptable) 3240 CAPITAL CIRCLE, SW TALLAHASSEE FL 32310-8723 | | | | | | | | |
| TITLE NAME HARRINGTON, KEVIN R STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE NAME HARRINGTON, SUSAN STREET ADDRESS CITY-ST-ZIP TITLE NAME HARRINGTON, SUSAN STREET ADDRESS CITY-ST-ZIP TITLE NAME LOCKWOOD, FRANK S STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32303 TITLE MC_C_C_C TITLE MC_C_C_C TALLAHASSEE FL 32312 TITLE MC_C_C_C_C TALLAHASSEE FL 32312 TITLE TALLAHASSEE FL 32312 TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete DELET DEL | SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 | | | | | | | | |
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| DOIAGO | NAME STREET ADDRESS | HUNTSBERGER, JULIE 2755 EVERETT LANE | <u> </u> | NAME STREET ADDRESS | | | | | |
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| 11. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Details of United Statutes and June 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 1 | | | | | | | | | |