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2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 07, 2002 8:00 am
Secretary of State

02-05-2002 90072 015 ****55.00

DOCUMENT # L00000004367

1. Entry Name

WETRAIN TECHNOLOGIES, LLC

Principal Place of Business

Mailing Address

G/O WETRAIN.NET, LLC
3240 CAPITAL CIRCLE, SW
TALLAHASSEE FL 32310-8723G/O WETRAIN.NET, LLC
3240 CAPITAL CIRCLE, SW
TALLAHASSEE FL 32310-8723

71217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number **59-3642031**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOCKWOOD, FRANK S DR
C/O WETRAIN.NET, LLC
3240 CAPITAL CIRCLE, SW
TALLAHASSEE FL 32310-8723

WETRAIN TECHNOLOGIES, LLC

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MR** ☐ Delete
NAME **HARRINGTON, KEVIN R**
STREET ADDRESS **2832 WHITTINGTON**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE **CHIEF FINANCIAL OFFICER** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☒ Delete
NAME **HARRINGTON, SUSAN**
STREET ADDRESS **2832 WHITTINGTON**
CITY-ST-ZIP **TALLAHASSEE FL 32308**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MR** ☐ Delete
NAME **LOCKWOOD, FRANK S**
STREET ADDRESS **505 EAST SIXTH AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**TITLE **SECRETARY & Chief Financial Officer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **MR** ☐ Delete
NAME **HUNTSBERGER, STEVEN**
STREET ADDRESS **2755 EVERETT LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **M** ☒ Delete
NAME **HUNTSBERGER, JULIE**
STREET ADDRESS **2755 EVERETT LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frank S. Lockwood*

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

Date

Daytime Phone #

1/31/02

850-521-8782

CLERK'S OFFICE