

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004367

1. Entity Name
WETRAIN TECHNOLOGIES, LLC



FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90015 022 ****55.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1650 Summit Lake Drive
Suite, Apt. #, etc. **SUITE 101**

3. Mailing Address

1650 Summit Lake Drive
Suite, Apt. #, etc. **SUITE 101**

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32317

Country

USA

Zip

32317

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3642031**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOCKWOOD, FRANK S DR

C/O WETRAIN.COM, LLC

3240 CAPITAL CIRCLE, SW

TALLAHASSEE FL 32310-8723

We Train Technologies
1650 Summit Lake Drive
32317-7935

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank S Lockwood**

(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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRINGTON, KEVIN R 2832 WHITTINGTON TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOCKWOOD, FRANK S 505 EAST SIXTH AVE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNTSBERGER, STEVEN 2755 EVERETT LANE TALLAHASSEE FL 32312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

850-219-5930

CR2E083 (10/02)