

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004544

1. Entity Name

UCANWATCH.COM, L.L.C.

Principal Place of Business

3606 US HIGHWAY 19 NORTH  
NEW PORT RICHEY FL 34652

Mailing Address

3606 US HIGHWAY 19 NORTH  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3530 US 19 N.

Suite, Apt. #, etc.

New Port Richey

City & State

New Port Richey, FL

Zip

Country

USA

3. Mailing Address

P.O. Box 84

Suite, Apt. #, etc.

City & State

Elfers, FL

Zip

Country

USA

6. Name and Address of Current Registered Agent

SCHRIER, MICHAEL W  
3606 US HIGHWAY 19 NORTH  
NEW PORT RICHEY FL 34652

4. FEI Number

59-3651256

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHRIER, BRIAN S	
STREET ADDRESS	3606 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHRIER, MICHAEL W	
STREET ADDRESS	3606 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHRIER, MICHAEL W II	
STREET ADDRESS	3606 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael W. Schrier* SIGNED

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

3-28-02 727-8151307

Date

Daytime Phone #

CR2E083 (9/01)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 047 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE