

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006146

1. Entity Name
NOMOUND ONSITE SERVICES, L.L.C.

FILED

01 APR 23 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1038 FRANKLAND ROAD
TAMPA FL 33629

Mailing Address

~~1038 FRANKLAND ROAD~~
TAMPA FL 33629

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1854-1

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3531439

Applied For

Not Applicable

Zip

Country

Zip

33629

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARLTON, FIELDS, WARD, EMMANUEL, SMITH & C
ONE HARBOUR PLACE, SUITE 500
TAMPA FL 33602

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER ☐ Delete
PAUL GRUBER
1038 FRANKLAND ROAD
TAMPA, FL 33629

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VICE PRESIDENT, GENERAL COUNSEL ☐ Delete
POUL C. DAVIS
3812 WEST SAN JUAN ST.
TAMPA, FL 33629

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
600004134776--0
-05/03/01--01132--024
*****200.00 *****50.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]
SIGNATURE REQUIRED

4-11-01 813-251-5856

CR2E083 (11/00)