

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006148

1. Entity Name
NOMOUND ONSITE SYSTEMS, 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 18541

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3531439

Applied For

Not Applicable

Zip

Country

Zip

33679

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

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

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

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. GENERAL COUNSEL
PAUL C. DAVIS
3812 WEST SAN JUAN A.
TAMPA, FL - 33629 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3000041342788 ☐ Change ☐ Addition
-05/03/01--01132--024
****200.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

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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]

4-01-01

813-251-5856

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

Date

Daytime Phone #

0018027 AF

CR2E083 (11/00)