

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
03-25-2002 90165 041 \*\*\*\*50.00

**DOCUMENT # L00000010708**

1. Entity Name

**AUTOMATED MEASUREMENT SYSTEMS, LLC**

Principal Place of Business

**21 AUTUMNWOOD TRAIL  
ORMOND BEACH FL 32174**

Mailing Address

**PO BOX 730179  
ORMOND BEACH FL 32173-0179**

**80049410**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1620 Mason Ave**

Suite, Apt. #, etc.  
**Suite F**

City & State  
**Daytona Beach, FL**

Zip  
**32117**

Country

3. Mailing Address

**1430 Mason Ave**

Suite, Apt. #, etc.  
**Suite B**

City & State  
**Daytona Beach, FL**

Zip  
**32117**

Country

4. FEI Number

**59-3668606**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VIVINO, MARK A  
21 AUTUMNWOOD TRAIL  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name  
**Mark A. Vivino**

Street Address (P.O. Box Number is Not Acceptable)  
**1430 Mason Ave**

**Suite B**

City  
**Daytona Beach**

**FL**

Zip Code  
**32117**

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

*Mark A. Vivino*

**Mark A. Vivino**

**MGR**

**3/11/02**

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**  
NAME  
**VIVINO, MARK A**  
STREET ADDRESS  
**21 AUTUMNWOOD TRAIL**  
CITY-ST-ZIP  
**ORMOND BEACH FL 32174**

☒ Delete  
Change  
address

10. ADDITIONS/CHANGES

TITLE  
**MGR**  
NAME  
**Vivino, Mark A.**  
STREET ADDRESS  
**1430 Mason Ave, Suite B**  
CITY-ST-ZIP  
**Daytona Beach, FL 32117**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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:

*Mark A. Vivino*

**Mark A. Vivino**

**MGR**

**3/11/02**

**212-3954**

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

Date

Daytime Phone #

CR2E083 (9/01)