

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90029 014 *****50.00

0046417

DOCUMENT # L00000010708

1. Entity Name

AUTOMATED MEASUREMENT SYSTEMS, LLC



Principal Place of Business

**1620 MASON AVE
SUITE F
DAYTONA BEACH FL 32117**

Mailing Address

**ATTN: MARK VIVINO
PO BOX 730179
ORMOND BEACH FL 32173-0179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

**VIVINO, MARK A
1430 MASON AVE
SUITE B
DAYTONA BEACH FL 32117**

*Do NOT use this
address. use
mailing address
above.*

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **VIVINO, MARK A**
STREET ADDRESS **1430 MASON AVE SUITE B**
CITY-ST-ZIP **DAYTONA BEACH FL 32117**

TITLE **MGR** ☒ Change ☐ Addition
NAME **VIVINO, Mark A.**
STREET ADDRESS **P.O. Box 730179**
CITY-ST-ZIP **Ormond Beach, FL 32173-0179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

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

4/11/03

Date

Daytime Phone #

CR2E083 (10/02)