

# 2001 UNIFORM BUSINESS REPORT (UBR)

0026731 AF

DOCUMENT # L00000011431

1. Entity Name  
WENDTAL, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -6 PM 2:49

Principal Place of Business  
1 COMMERCIAL DR., AREA E  
FLORIDA NY 10921

Mailing Address  
1 COMMERCIAL DR., AREA E  
FLORIDA NY 10921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3438 THOMASVILLE RD  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
TALLAHASSEE FL  
Zip  
32308  
Country  
USA

City & State

4. FEI Number  
59-3671931

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

## 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 \_\_\_\_\_ (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 PRES  
STREET ADDRESS MARTIN ROBERTS  
CITY-ST-ZIP PO BOX 14495  
TALLAHASSEE FL 32317 ☐ Delete

TITLE  
NAME VP  
STREET ADDRESS JEFF COGHLEN  
CITY-ST-ZIP 124 CROCKER HILL RD  
BINGHAMTON NY 13904 ☐ Delete

TITLE  
NAME SECY  
STREET ADDRESS LEWIS TOPPER  
CITY-ST-ZIP 181-18 TUDOR CDR  
JAMAICA NY 11432 ☐ 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 500003887805-9  
-03/20/01--01030--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ 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

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 REQUIRED

2/26/01 (845) 651-880

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

Date

Daytime Phone #

CR2E083 (11/00)