2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

DOCUMENT # L0000012024						
VAPORTEC, L.C.				FILED		
Principal Place of Business Mailing Address				01 JAN 18 PM 1:50		
425-A PINEDA COURT 42		425-A PINEDA COURT MELBOURNE FL 32940	425-A PINEDA COURT		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
						1
2. Principal Place of Business 3. 1		3. Mailing Address	Mailing Address]	
		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State	City & State		4. FEI Number	le
Zip	Country	Zip	Country		5. Certificate of Status Desired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
FRESE, GARY B				A (1	DO Davido de National de La Constantina de La Co	
930 S. HARBOR CITY BOULEVARD, SUITE 505			Street	treet Address (P.O. Box Number is Not Acceptable)		
	RNE FL 32901				-01/26/0101037027	
			City		*****50.Q @_ ******50.00	
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 NOV	VIII FEE IS	\$50.00		
		Make Check Paya	ble to Depar	tment of	f State	
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHANGES	-
TITLE	MGR	☐ Delete	TITLE .	D		'n
NAME	POWERS, THOMAS L		NAME	Pow	ERS, THOMAS L	
STREET ADDRESS CITY-ST-ZIP	425-A PINEDA COURT		STREET ADDRESS]		
	MELBOURNE FL 32940		CITY-ST-ZIP	 		4
TITLE NAME	MGR	☐ Delete	TITLE	DP	CS ☐ Change ☐ Addition	n
STREET ADDRESS	SIMON, WILLIAM E		NAME STREET ADDRESS	SIM	NON, WILLIAM E	Ì
CITY-ST-ZIP	425-A PINEDA COURT	•	CITY-ST-ZIP			
TITLE	MELBOURNE FL 32940	□ Delete	TITLE	701	Change Set Addition	\exists
NAME		- Delete	- NAME	DV	Change Addition	".]
STREET ADDRESS			STREET ADDRESS	425	RR-BRIAN COURT	ŀ
CITY-ST-ZIP			CITY-ST-ZIP	ME	LBOURNE FL 32940	ļ
TITLE		☐ Delete	TITLE	D	Change 🔀 Additio	n
NAME		·	NAME	ER	nsberger, Glenn	
STREET ADDRESS	,*		STREET ADDRESS	425	-A PINEDA COURT	1
CITY-ST-ZIP			CITY-ST-ZIP	me	NSBERGER, GLENN Change BAddition 5-A PINEDA COURT LLBOURNE FL 32940	
TITLE .	<u>د</u>	☐ Delete	TITLE		☐ Change ☐ Additio	n
NAME STREET ADDRESS			NAME		10/	
CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP		XX	
		<u></u>	· · · · · · · · · · · · · · · · · · ·	 		4
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Additio	1
STREET ADDRESS			STREET ADDRESS		•	
CITY-ST-ZIP	ĺ		CITY-ST-ZIP			1
11. I hereby o	ertify that the information supplied with	this filing does not qualify for the	e exemption sta	ated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the information	\dashv
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.						