

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90138 024 ****50.00

0053655

DOCUMENT # L00000015820

1. Entity Name

SHOCKWAVE TECHNOLOGIES LLC



Principal Place of Business

12693-OVERSEAS HIGHWAY
MARATHON FL 33050

Mailing Address

12693-OVERSEAS HIGHWAY
MARATHON FL 33050

2. Principal Place of Business

31 7th Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 510423

Suite, Apt. #, etc.

City & State

Key Colony Bch, FL

Zip

33051

Country

U.S.A.

City & State

Key Colony Bch, FL

Zip

33051

Country

U.S.A.

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WOLFE, JOHN J
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

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. 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

Cort Stull

Cort Stull - mgr

4-15-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **STULL, CORT**
STREET ADDRESS **P.O. BOX 510423**
CITY-ST-ZIP **KEY COLONY BEACH FL 33050**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: *Cort Stull*

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

Cort Stull - manager 4/4/03

Date

Daytime Phone #

305-289-9283

CR2E083 (10/02)