

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-23-2002 90053 045 ****55.00

DOCUMENT # L01000001376

1. Entity Name

E-FLOW SOLUTIONS, LLC

Principal Place of Business

13206 S.W. FIRST PLACE
NEWBERRY FL 32669

Mailing Address

PO BOX 898
NEWBERRY FL 32669

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-3697256

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$5.00 Additional
Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MORESCHI, VINCENT M
13206 S.W. 1ST PLACE
NEWBERRY FL 32669

6. 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 NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **GENERAL MANAGER/OWNER** ☐ Delete
NAME **VINCENT MORESCHI**
STREET ADDRESS **13206 S.W. 1ST PLACE**
CITY-ST-ZIP **NEWBERRY, FL. 32669**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

VINCENT MORESCHI
VINCENT MORESCHI

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

1/15/02

Date

352/331-5550

Daytime Phone #

CR2E083 (9/01)