

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

03-29-2002 90817 038 ****50.00
 09-11-2002 90128 038 ****50.00

DOCUMENT # L01000006745

1. Entity Name

WATHEN & KANTER ACCOUNTING, LLC

Principal Place of Business

Mailing Address

**11804 NORTH 56TH STREET
 TEMPLE TERRACE FL 33617
 US**

**11804 NORTH 56TH STREET
 TEMPLE TERRACE FL 33617
 US**

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

59-3715209

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

**WATHEN, MARTIN A
 11804 NORTH 56TH STREET
 TEMPLE TERRACE FL 33617**

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MRG** ☐ Delete
 NAME **KANTER, BRAD S**
 STREET ADDRESS **13014 N. DALE MABRY HWY. STE. 166**
 CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☒ Change ☐ Addition
 NAME **ALEXIS DR.**
 STREET ADDRESS **TAMPA, FL 33624**
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **WATHEN, MARTIN A**
 STREET ADDRESS **27507 ZUMA COURT**
 CITY-ST-ZIP **WESLEY CHAPEL FL 33543**

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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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: *Martin A. Wathen* **MARTIN A. WATHEN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)