

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L010000009295**

1. Entity Name
WIRELESS EMERGENCY SITING GROUP, LLC

Principal Place of Business
**P.O. Box 2006
WINTER PARK FL
32790**

Mailing Address
**P.O. Box 2006
WINTER PARK FL
32790**

2. Principal Place of Business
524 Fernwood Dr

3. Mailing Address
524 Fernwood Dr

Suite, Apt. #, etc.

City & State
Altamonte Springs FL

City & State
Altamonte Springs FL

Zip Country
32701 USA

4. FEI Number
39-3723837

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**Roger A. Repstien
524 Fernwood Drive
Altamonte Springs FL 32701**

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 **Roger A. Repstien**

(NOTE: Registered Agent signature required when reinstating)

5/10/02
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**300005576553--8
-05/21/02--01032--026
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☒ Delete
NAME **JAMES W. MARKEL**
STREET ADDRESS **P.O. Box 2006**
CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Roger A. Repstien**

(NOTE: Registered Agent signature required when reinstating)

5/10/02

407 830 6522

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

Date

Daytime Phone #

CR2E083 (11/00)