

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000010211**

1. Entity Name

WOPPMAN TECHNOLOGIES, L.L.C.

Principal Place of Business

**9438 DAUGHTREY ROAD
SIDEELL FL 34266**

Mailing Address

**9438 DAUGHTREY ROAD
SIDEELL FL 34266**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-1114260

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTOPHER, ROBERT E
1001 3RD AVENUE W., STE 700
BRADENTON FL 34205**

7. Name and Address of New Registered Agent

ANDREW AMES, CPA, CFP

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

128 W. OAK ST.

City

ARCADEA

FL

Zip Code

34266

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)

4/3/02

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DAUGHTREY, CECIL	
STREET ADDRESS	9438 DAUGHTREY RD	
CITY-ST-ZIP	SIDEELL FL	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WOPPMAN, CHRISTOPHER	
STREET ADDRESS	9438 DAUGHTREY RD	
CITY-ST-ZIP	SIDEELL FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

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

4-3-02

Date

863-990-0768

Daytime Phone #

CR2E083 (9/01)