2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010211

1. Entity Name

WOPPMAN TECHNOLOGIES, L.L.C.



FILED
Jan 29, 2003 8:00 am
Secretary of State
01-29-2003 90044 016 ****50.00

COULTACO

Principal Place of Business

Mailing Address

9438 DAUGHTREY ROAD SIDELL FL 34266

9438 DAUGHTREY ROAD SIDELL FL 34266

2. Principal Poece of Business 3. Mailing Address 736 5.0. MR PARA R Suite April 4, etc. Suite April 4											LIA COMO MARCA AN		
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite S								·					
City & State City & State Country Country Country Country City & State Country City & State Country City			WART GOTY DS		MARI	. PasA	75						
Country Coun	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					CHECK HERE	E IF MAKING	CHANGES		
Pack	City & State			City & State	City & State			4. FEI Number 65-1114260 Applied For					7
Zip Country Zip Gust S5.00 Additional Fee Required S5.00 Additional State	ARCHOSA FL 34266			ARCADIA			00 1111200			No	t Applicable		
SIGNATURE **MARCADIA FL 34266* **ANDREW AMES, CPA, CFP 128 W. OAK ST. ARCADIA FL 34266* **Site of Address (P.O. Box Number is Not Acceptable)* **City** **File** **City** **Cit	Zip Country			Zip Co		•		5. Certifica	ite of Status Desired				
ANDREW AMES, CPA, CFP 128 W. OAK ST. ARCADIA FL 34268 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City And sceptable) FLE NOW! SIGNATURE ONE Step And sceptament of both, in the State of Florida. I am familiar with, and accept the college of the college	3420							Fee Required					-
ANDREW AMES, CPA, CFP 128 W. OAK ST. ARCADIA FI. 34268 City FL Zip Code	6: Name and Address of Current Registered Agent							_7 Name ai	nd Address of New.	.Hegistered /	lgent	10007 5	
128 W. OAK ST. ARCADIA FL 34266 City FL Zip Code	ANDREW AMES, CPA, CFP												
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATU							Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its 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 impleted agent and 196r it applicable. Change Dalle	ARC	ADIA FL 3	4266										{
B. The above named entity submits this statement for the purpose of changing its 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 impleted agent and 196r it applicable. Change Dalle													
SIGNATURE Signature hybrid or privated name of registered agent. Signature hybrid or privated name of registered agent and 15th if applicable. (HOTE Registered Agent dignature required when reinstating) Part						City				FL	Zip Code	e	'
SIGNATURE Scripture typed or princed rame of registered agent and bits if applicable (NOTE: Registered agent algorithm registered rame not registered agent and bits if applicable (NOTE: Registered regis	8. The above	named enti	ty submits this statement for	the purpose of changing its	register	ed office or	registere	ed agent, or b	ooth, in the State of F	lorida. I am f	amiliar with,	and accept	
Signature, hyped of printed name of registered agent and tille if applicable. FILE NOW!!! FEE IS \$50.00	the obligati	ions of regis	tered agent.	,						,	,		
Signature, typed or printed name of legislated agent and site applicable. RivOTE Regislated Agent construint (RIVOTE Regislated Agent construint of State Due By May 1, 2003	SIGNATURE .			A	203	Ew		s CPA	. CFP	1/16	/03		
MÄRÉ CHECK Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR DAUGHTREY, CECIL SIREET ADDRESS CITY-SIT-ZIP SIDELL FL TITLE WOPPMAN, CHRISTOPHER STREET ADDRESS CITY-SIT-ZIP SIDELL FL TITLE TITLE MARE STREET ADDRESS CITY-SIT-ZIP SIDELL FL TITLE TITLE MARE STREET ADDRESS CITY-SIT-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA		Signature, types	d or printed name of registered agent ar	d title if applicable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)	,	DATE			ļ
STREET ADDRESS CITY-ST-ZIP				FILE NO) !!!WC	FEE IS \$9	50.00						1
MANAGING MEMBERS/MANAGERS TITLE NAME DAUGHTREY, CECIL 9438 DAUGHTREY RD SIDELL FL TITLE NAME WOPPMAN, CHRISTOPHER STREET ADDRESS CITY-ST-ZIP SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD		•	ي غيڪنيد را درسي در د	_	ake Check Payable to Flo			it of State	غد دسيجسته برسدسرديو ا	- د د سني	-	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE DELET CORRESS CITY-				Due	By Ma	ay 1, 2003	,	İ				•	
STREET ADDRESS CITY-ST-ZIP TITLE MGR WOPPMAN, CHRISTOPHER 9438 DAUGHTREY RD SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delet	9. MANAGING MEMBERS/MANAGERS 10								ADDITIONS	S/CHANGES			
STREET ADDRESS CITY-ST-ZIP TITLE MGR WOPPMAN, CHRISTOPHER 9438 DAUGHTREY RD SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delet	TITLE			☐ Delete	TITLI	E					☐ Change	Addition	8
TITLE MGR WOPPMAN, CHRISTOPHER 9438 DAUGHTREY RD SIDELL FL STREET ADDRESS CITY-ST-ZIP SIDELL FL STREET ADDRESS CITY-ST-ZIP CIT			· · · · · · · · · · · · · · · · · · ·										8
TITLE MGR WOPPMAN, CHRISTOPHER 9438 DAUGHTREY RD SIDELL FL STREET ADDRESS CITY-ST-ZIP SIDELL FL STREET ADDRESS CITY-ST-ZIP CIT													83
NAME STREET ADDRESS CITY-ST-ZIP SIDELL FL STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition Addi	CHY-SI-ZIP		FL		CHY	-SI-ZIP							12E(
STREET ADDRESS CITY-ST-ZIP SIDELL FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Addition Addition Change Addition	į		AN OUDIOTODUED	☐ Delete							Change	☐ Addition	5
City-St-ZiP SIDELL FL						E ADDRESS	1730	5.45	MARIPO	Sh 12			
TITLE							_						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition Addition Addition Addition		SIDELL	<u> </u>				AVC	AZQA:	<u> </u>	<u>66</u>	· Chanca	☐ Addition:	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Addition Addition				Delete		1	;				-1=1-01011 <u>0</u> 0-	() -MUOHIOII -	
CITY-ST-ZIP					ı								
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE													
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE TITLE Delete TITLE	TITI F			. Nejete	TITLE	:				r	□ Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition				. 🗀 50,010									
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition Change Addition Addition Addition	STREET ADDRESS				STRE	ET ADORESS		1					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition	CITY-ST-ZIP				CITY	-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	TITLE		•	☐ Delete	TITLE						☐ Change	Addition]
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition	NAME				NAM	E							ļ
TITLE Delete TITLE Change Addition	1												1
_ ,	CITY-ST-ZIP				CITY	-ST-ZIP							
NAME }	TITLE			☐ Delete	TITLE	:					☐ Change	☐ Addition	{
	NAME				•								Į
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1					1							
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP			a tafa ana atau a consulta de 1900 e			L.		-Main 440 0711	2)/() Flacide 04-4-4	. 1 for male :	if , that the !!	formation	-

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