

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L01000011409**

1. Entity Name

MICRO GENERAL WORLD WIDE, LLC

Principal Place of Business

12276 SAN JOSE BLVD.
SUITE 115
JACKSONVILLE FL 32223

Mailing Address

12276 SAN JOSE BLVD.
SUITE 115
JACKSONVILLE FL 32223

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ADVANTUS, CORP.
12276 SAN JOSE BLVD.
SUITE 115
JACKSONVILLE FL 32223

4. FEI Number

59-373-2475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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

TITLE NAME **Advantus Corporation** ☐ Delete
STREET ADDRESS **12276 San Jose Blvd.**
CITY-ST-ZIP **JACKSONVILLE, FL 32223** **P, D**

TITLE NAME **Thomas Nolan** ☐ Delete
STREET ADDRESS **27N 325 Devon Ave.**
CITY-ST-ZIP **Harover Park, IL 60103** **VP, D**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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

5/1/02

914-664-2252

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

Date

Daytime Phone #

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

04-02-2002 90943 027 ****55.00

85924



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)