

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2002 8:00 am
Secretary of State

DOCUMENT # **L01000012516**

08-25-2002 90200 047 ****50.00

1. Entity Name

Mobility Products Unlimited, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1757 N. Nova Road

3. Mailing Address
Same as #2

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.

City & State
Holly Hill, FL

City & State

4. FEI Number
59-3391559

Applied For

Not Applicable

Zip
32117

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

Name
Palmetto Charter Services, Inc.

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

Daytona Beach, FL 32115-2491

City
Daytona Beach FL Zip Code
32115-2491

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Bryan Dylewski
1757 N. Nova Road, Suite 104
Daytona Beach, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
John Ward
1757 N. Nova Road, Suite 104
Daytona Beach, FL 32117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Bryan Dylewski, Manager

8/19/02

386/255-2388

Date

Daytime Phone #

CR2E083B (12/01)