

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013949

1. Entity Name

WORLD MONITORING COMPANY, LLC

Principal Place of Business

8075 STATE ROAD 7
BOYNTON BEACH FL 33437

Mailing Address

PO BOX 3029
BOYNTON BEACH FL 33424

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1142971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OYER, HARVEY E III
777 SOUTH FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH FL 33401

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 its 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 STREET ADDRESS CITY-ST-ZIP	MM E. Wayne DuBois 8075 State Rd. 7 Boynton Beach FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Steve C. Baugh 8075 State Rd. 7 Boynton Beach FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Brette W. DuBois 8075 State Rd. 7 Boynton Beach FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Mark G. DuBois 8075 State Rd. 7 Boynton Beach FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM Monte D. DuBois 8075 State Rd. 7 Boynton Beach FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

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

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

Date

Daytime Phone #

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

04-03-2002 90023 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)