

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90046 017 ****50.00

DOCUMENT # L01000022788

1. Entity Name

PAN GERMAL SYSTEMS USA, L. L. C.



Principal Place of Business

3001 EASTLAND BLVD., SUITE 6B
CLEARWATER FL 33761

Mailing Address

2519 N. MCMULLEN BOOTH ROAD
510-346
CLEARWATER FL 33761

2. Principal Place of Business

3001 EASTLAND BLVD

Suite, Apt. #, etc.

SUITE 1

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

Country

33761

UNITED STATES

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

5. Certificate of Status Desired

80-0023228

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

BELISLE, CAROL
3001 EASTLAND BLVD., SUITE 6B
CLEARWATER FL 33761

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BELISLE, CAROL
3001 EASTLAND BLVD., SUITE 6B
CLEARWATER FL 33761

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MULHOLLAND, R. STEPHEN
66 AVENUE ROAD, SUITE FOUR, TORONTO
ONTARIO, CANADA M5R 3N8

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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

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

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

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 #

CR2E083 (10/02)