

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 90002 023 *****50.00

DOCUMENT # L02000001283	
1. Entity Name ONE WAY DIRECT, L.L.C.	

Principal Place of Business 3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308	Mailing Address 3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308
--	--

2. Principal Place of Business 6278 N. Federal Hwy Suite, Apt. #, etc. 337	3. Mailing Address 6278 N. Federal Hwy Suite, Apt. #, etc. 337
--	--

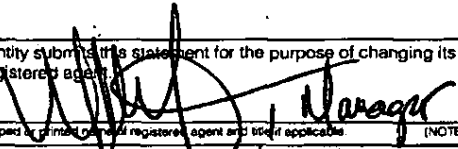
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33308	Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 74-3029087	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEINERT, WAYNE 3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308	
7. Name and Address of New Registered Agent Name: WAYNE KLEINERT Street Address (P.O. Box Number is Not Acceptable): 6278 N. Federal Hwy #337 City: FT. LAUDERDALE FL FL Zip Code: 33308	

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.

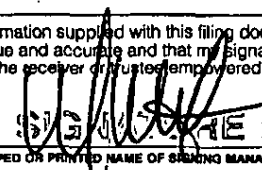
SIGNATURE:  DATE: 4/4/03

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003
--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEINERT, WAYNE 3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6278 N. Federal Hwy #337 FT. Lauderdale, FL 33308 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 REQUIRED** DATE: 4/4/03 DAYTIME PHONE: 866-646-8745

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

CR2E083 (10/02)