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	Mailing Address
3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308	3101 PORT ROYALE BLVD SUITE 433 FT LAUDERDALE FL 33308

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6278 N. Federal Hwy	6278 N. Federal Hwy
Suite, Apt. #, etc. 337	Suite, Apt. #, etc. 337
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33308 Country USA	Zip 33308 Country USA

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 [signature], Manager 4/4/03
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			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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 [signature] 4/4/03 866-646-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #