

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90569 046 ****50.00

DOCUMENT # L02000002476

1. Entity Name

CANDTEC, LLC



00000000

Principal Place of Business 1200 EAST HILLCREST ST., STE. 300
ORLANDO FL 32803

Mailing Address 1200 EAST HILLCREST ST., STE. 300
ORLANDO FL 32803

2. Principal Place of Business

2459 Cheney Hwy

Suite, Apt. #, etc.

#86

Titusville, FL

Zip

32780

Country

USA

3. Mailing Address

2459 Cheney Hwy

Suite, Apt. #, etc.

#86

Titusville, FL

Zip

32780

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3600358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, DAVID B
1200 EAST HILLCREST ST., STE. 300
ORLANDO FL 32803

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	MGRM	<input type="checkbox"/> Delete
NAME	COX, DALE L	
STREET ADDRESS	1200 EAST HILLCREST ST., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COX, DAVID B	
STREET ADDRESS	1200 EAST HILLCREST ST., STE. 300	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)

1-8-03 (321) 583-3400