

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90002 037 ***150.00

DOCUMENT # L02000014825

1. Entity Name
S3 PRODUCTS, LLC



Principal Place of Business
**1320 13TH TERRACE
PALM BEACH GARDENS FL 33410**

Mailing Address
**1320 13TH TERRACE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business
1320 13TH TERRACE
Suite, Apt. #, etc.

3. Mailing Address
1320 13TH TERRACE
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PALM BEACH GARDENS

City & State
PALM BEACH GARDENS

4. FEI Number
74-305-1215

Applied For
☐ Not Applicable

Zip
33410

Country
PALM BEACH

Zip
33410

Country
PALM BEACH

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GARY, JOHN W III
GARY, DYTRYCH & RYAN, P.A.
701 U.S. HWY ONE, STE. 402
N. PALM BEACH FL 33408**

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	PRESIDENT BARRY J. WALKER 1320 13TH TERRACE PALM BEACH GARDENS 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT / SAKER DAVID SHANER 1745 SCHOOLHOUSE RD. AMBLER PA 19002	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN TURNBULL 610 HYDE RUN DR WILMINGTON DE 19808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID LLEWELLYN 392 COCONUT CIRCLE WESTON, FL 33326	<input type="checkbox"/> Delete DIR MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY WALKER 3500 MARIGOLD CT #2 PALM BEACH GARDENS 33410	<input type="checkbox"/> Delete DIR MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NICOLAE IOVICI 392 BISCAYNE AVE KEY BISCAYNE FL	<input type="checkbox"/> Delete DIR MGR

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Barry J. Walker (BARRY J. WALKER)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6 March 2003 5616266632
Date Daytime Phone #

CR2E083 (10/02)