

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000024602

FILED  
Feb 04, 2003  
Secretary of State

Entity Name: MR. WIGGLER LLC

**Current Principal Place of Business:**

1184 COUNTRYWIND DRIVE  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

1184 COUNTRYWIND DRIVE  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 75-3086143

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE.  
SUITE 201  
ORLANDO, FL 32802 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LARSON, DAVID J MANAGER  
Address: 1184 COUNTRYWIND DR.  
City-St-Zip: APOPKA, FL 32703 US

Title: MGR ( ) Change (X) Addition  
Name: CHIPMAN, JIMMY D MANAGER  
Address: 410 E. WELCH ROAD  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID J. LARSON

MGR.

02/04/2003

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date