2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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## Sep 18, 2003 8:00 am Secretary of State DOCUMENT # L9800000191 09-18-2003 90001 023 \*\*\*\*50.00 1. Entity Name UROPOWER, L.L.C. Principal Place of Business Mailing Address JULUIZAU 1100 FIFTH AVENUE SOUTH 1100 FIFTH AVENUE SOUTH SUITE 201 SUITE 201 NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3518409 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name :WINNIE,:JOHN:S-ESQ.-Street Address (P.O. Box Number is Not Acceptable) 1100 FIFTH AVE., SOUTH, SUITE 211 NAPLES FL 34102 City 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, 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 September 24, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ☐ Addition NAME WIEST, F. MICHAEL NAME STREET ADDRESS STREET ADDRESS 1100 FIFTH AVENUE SOUTH, SUITE 201 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**