

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002505

1. Entity Name
WESTAR WINDOW FILMS, L.L.C.

FILED

01 JAN 16 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
801 WEST BAY DRIVE, SUITE 436
LARGO FL 33770-3220

Mailing Address
801 WEST BAY DRIVE, SUITE 436
LARGO FL 33770-3220

2. Principal Place of Business
801 WEST BAY DRIVE

3. Mailing Address
801 WEST BAY DRIVE

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.
SUITE 104

City & State
LARGO FL

City & State
LARGO FL

Zip 33770 Country USA

Zip 33770 Country USA

4. FEI Number 59-3541687
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ROB
801 WEST BAY DRIVE, SUITE 436
LARGO FL 33770-3220

7. Name and Address of New Registered Agent

Name MARTIN, ROB
Street Address (P.O. Box Number is Not Acceptable)
801 WEST BAY DRIVE, SUITE 104
City LARGO FL Zip Code 33770-3269

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.

SIGNATURE MARTIN, ROB 1/9/01
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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM MARTIN, ROBERT S ☐ Delete
STREET ADDRESS 801 WEST BAY DRIVE, SUITE 436
CITY-ST-ZIP LARGO FL 33770-3220

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM MARTIN, ROBERTS ☒ Change ☐ Addition
STREET ADDRESS 801 WEST BAY DRIVE, SUITE 104
CITY-ST-ZIP LARGO FL 33770-3269

TITLE NAME 200003552832-0 ☐ Change ☐ Addition
STREET ADDRESS -01/18/01--01010--008
CITY-ST-ZIP *****55.00 *****55.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: MARTIN, ROBERT S 1/9/01 (727) 581-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)