

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 039 ****50.00

DOCUMENT # L99000004045

1. Entity Name

CALOREX USA, LLC

Principal Place of Business

**5826 CORPORATION CIRCLE
FORT MYERS FL 33905**

Mailing Address

**5826 CORPORATION CIRCLE
FORT MYERS FL 33905**

2. Principal Place of Business

2213 ANDREA LANE

Suite, Apt. #, etc.
110

City & State
FT MYERS FL

Zip Country
33912 USA

3. Mailing Address

2213 ANDREA LANE

Suite, Apt. #, etc.
110

City & State
FT MYERS FL

Zip Country
33912 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0943885**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, MR R. REED
5826 CORPORATION CIRCLE
FORT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name
WILSON, R. REED
Street Address (P.O. Box Number is Not Acceptable)

2213 ANDREA LANE #110
City **FT MYERS** **FL** Zip **33912**

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 *R. Reed Wilson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-10-02
DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, MR. R. REED 2213 ANDREA LANE FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AQUATHERM INDUSTRIES, INC. 1940 RUTGERS UNIVERSITY BLVD LAKEWOOD NJ 08701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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:

NSI required

01-10-02

941-482-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)

0019439