

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004286

1. Entity Name

WAVING PRODUCTS, L.L.C.

Principal Place of Business

529 PINE MEADOW  
DEBARY FL 32713

Mailing Address

529 PINE MEADOW  
DEBARY FL 32713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3585348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUCKER, ROBERT W  
529 PINE MEADOW  
DEBARY FL 32713

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGRM  
STUCKER, ROBERT W  
STREET ADDRESS  
529 PINE MEADOW  
CITY- ST- ZIP  
DEBARY FL 32713

TITLE NAME ☐ Change ☐ Addition  
700003196797--2  
-04/05/00--01063--013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGRM  
MOORE, WENDELL H  
STREET ADDRESS  
1127 - 33RD ST. CRT.  
CITY- ST- ZIP  
MOLINE IL 61265

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
MGRM  
MCDANIEL, JOHN C  
STREET ADDRESS  
23 METCALF STREET  
CITY- ST- ZIP  
WORCESTER MA 01609

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☒ Addition  
Mbr / Mgr  
Karl L. Roesch II  
STREET ADDRESS  
17330 SW 246th St.  
CITY- ST- ZIP  
Homestead, FL 33031

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Robert W. Stucker, Member-Manager

March 13, 2000 407-668-8451

Date

Daytime Phone #

CR2E083 (9/99)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 20 PM 1:35

3/27



DO NOT WRITE IN THIS SPACE