

2001 UNIFORM BUSINESS REPORT (UBR)

0031696 SP

DOCUMENT # L99000004286

1. Entity Name

WAVING PRODUCTS, L.L.C.

FILED

01 JAN 22 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

529 PINE MEADOW
DEBARY FL 32713

Mailing Address

529 PINE MEADOW
DEBARY FL 32713

2. Principal Place of Business

529 Pine Meadow Drive

3. Mailing Address

529 Pine Meadow Drive

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Debarry, FL

City & State

Debarry, FL

Zip

32713

Country

USA

Zip

32713

Country

USA

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

STUCKER, ROBERT W
529 PINE MEADOW
DEBARY FL 32713

7. Name and Address of New Registered Agent

Name

Stucker, Robert W

Street Address (P.O. Box Number is Not Acceptable)

529 Pine Meadow Drive

City

Debarry

FL

Zip Code

32713

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]
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

900003590989--5
-01/30/01--01005--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUCKER, ROBERT W 529 PINE MEADOW DEBARY FL 32713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, WENDELL H 1127 - 33RD ST. CRT. MOBILE AL 36685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDANIEL, JOHN C 23 METCALF STREET WORCESTER MA 01609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROESCH, KARL L II 17330 SW 246TH ST. HOMESTEAD FL 33031	<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	MGRM Stucker, Robert W 529 Pine Meadow Drive Debarry, FL 32713	<input checked="" 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
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

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]* Robert W. Stucker, MGRM 1/16/01 407-668-8451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)