

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
 05-08-2002 90144 011 ***400.00

DOCUMENT # L99000004607

1. Entity Name

AUTOMATED CUTTING SYSTEMS, LLC

Principal Place of Business

~~4654 SLOEWOOD CT.~~
MOUNT DORA FL 32757

Mailing Address

4654 SLOEWOOD CT.
MOUNT DORA FL 32757

2. Principal Place of Business

2616 Pemberton Dr

3. Mailing Address

7431 Earlwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Mt. Dora, FL

Zip

32703

Country

US

Zip

32757

Country

U.S.

4. FEI Number

59-3601584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

YOUNGBLUT, GARY
~~**4654 SLOEWOOD CT.**~~
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

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

7431 Earlwood Ave

City

Mt. Dora

FL

Zip Code

32757

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **YOUNGBLUT, GARY**
 STREET ADDRESS ~~**4654 SLOEWOOD CT.**~~
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE **MGR** ☐ Delete
 NAME **YOUNGBLUT, HEATHER**
 STREET ADDRESS ~~**4654 SLOEWOOD CT.**~~
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7431 Earlwood Ave**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7431 Earlwood Ave**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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: *Heather Youngblut*

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

Heather Youngblut

Date

Daytime Phone #

407 292-9977

CR2E083 (9/01)