

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005902

1. Entity Name

TREMACK, LLC

Principal Place of Business

201 E. PINE ST.
SUITE 801
ORLANDO, FL 32801

Mailing Address

201 E. PINE ST.
SUITE 801
ORLANDO, FL 32801

2. Principal Place of Business

201 E. PINE ST.

3. Mailing Address

201 E. PINE ST.

Suite, Apt. #, etc.

SUITE 801

Suite, Apt. #, etc.

SUITE 801

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

59-3606859

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

Name

TERRY WILER

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

201 E. PINE ST.

SUITE 801

City

ORLANDO

FL

Zip Code

32801

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

2/12/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
TERRY J. WILER
201 E. PINE ST., SUITE 801
ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000003707930--8

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
-02/16/01--01619--006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

2/12/01

Daytime Phone #

(407) 843-4433

CR2E083 (11/00)